

Name  
in  
Full

Charles Edward Adams

## CERTIFICATE OF DEATH

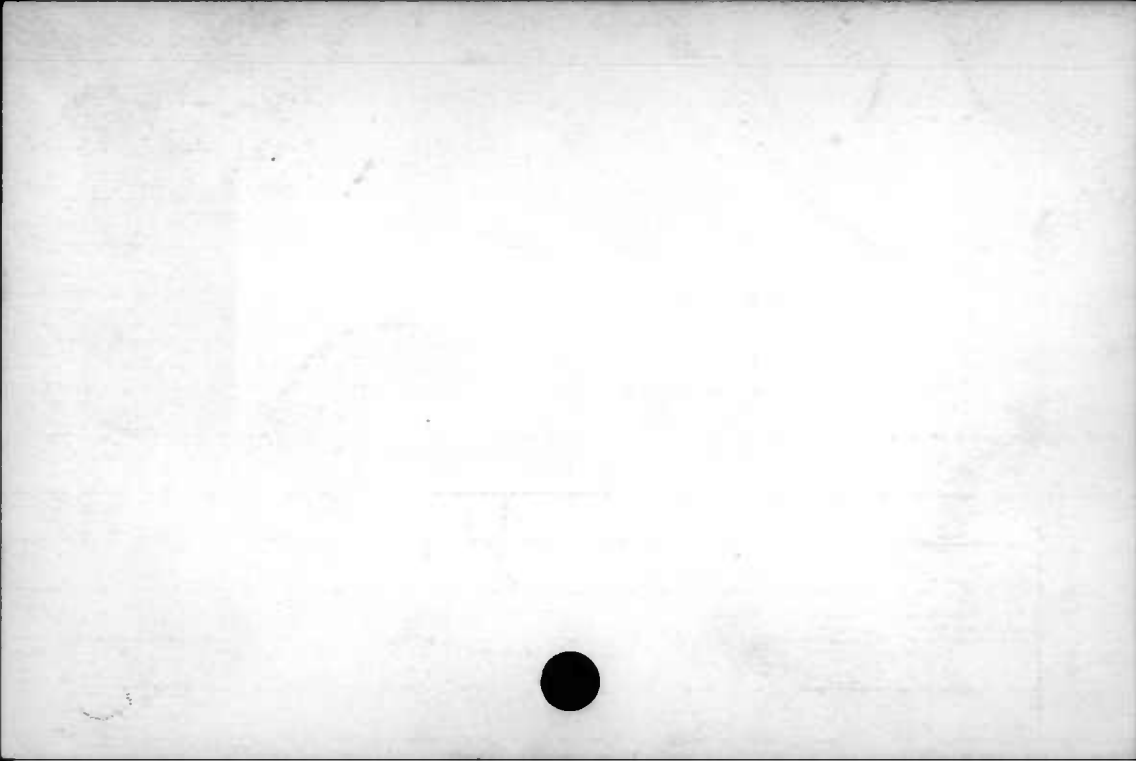
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND								
Date of death	1905	Month	29	Day	22	Age	Years	Months	18	Days		
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Cambridge, Md</i>					
Occupation				Where Residing if not at place of death								
Married, Single or Widowed				Name of Wife or Husband								
Father's Name				<i>John E. Adams</i>				Father's Birthplace				<i>Balto. Md</i>
Mother's Maiden Name				<i>Abbie V. Creamer</i>				Mother's Birthplace				<i>Cambridge, Md</i>
Name of person giving information				<i>John E. Adams</i>				How related to deceased				<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Convulsion</i>	How long	<i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>F. A. Warner, M.D.</i>	
		Address	
		<i>1133 Valley St</i>	
Accident or Suicide?			



Name in Full		moses Austin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Catonsville Md		Baltimore		MARYLAND	
	Date of death	1905	Feb	22nd	Age	62	
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	Carpenter		Where Residing if not at place of death		Catonsville	
	Married, <del>Single</del> or <del>Widowed</del>			Name of Wife or Husband		Debbie Owens.	
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	James Austin				How related to deceased	Son.	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Left Hemiplegia				How long	1 yrs
	Immediate	asthenia				How long	3 wks.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Marshall B. West,	
					Address	Catonsville, Md.	
Accident or Suicide?							



Name  
in  
Full

George Henry Barney

## CERTIFICATE OF DEATH

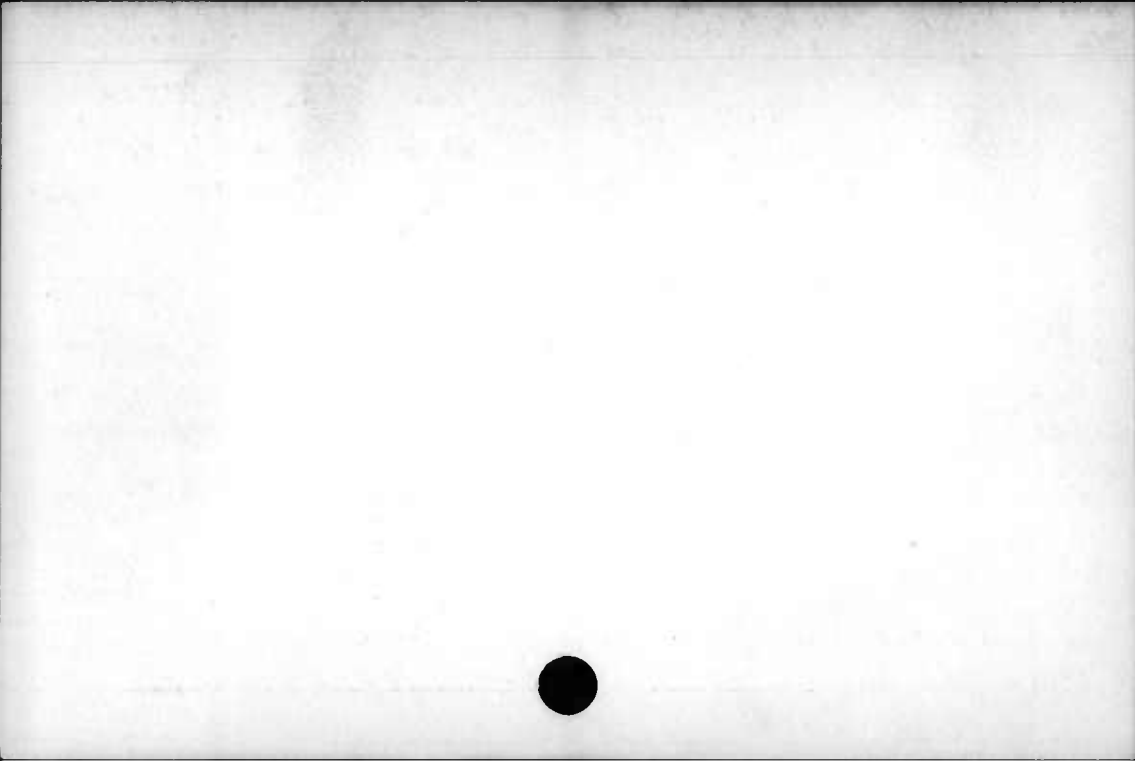
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Glyndon</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 1905	Month <i>Feb</i>	Day <i>28</i>	Age <i>74</i>	Months <i>1</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Hannah Elizabeth Mcbormick</i>					
Father's Name <i>John Barney</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Elizabeth Bond</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Hannah E. Barney</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis &amp; Cardiac trouble</i>	How long <i>Over 1 hour</i>
Immediate <i>Coma &amp; convulsions</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Price</i>
	Address <i>Glyndon Md</i>
Accident or Suicide?	



Name  
in  
Full

Ann Ellen Barroll

163

CERTIFICATE OF DEATH

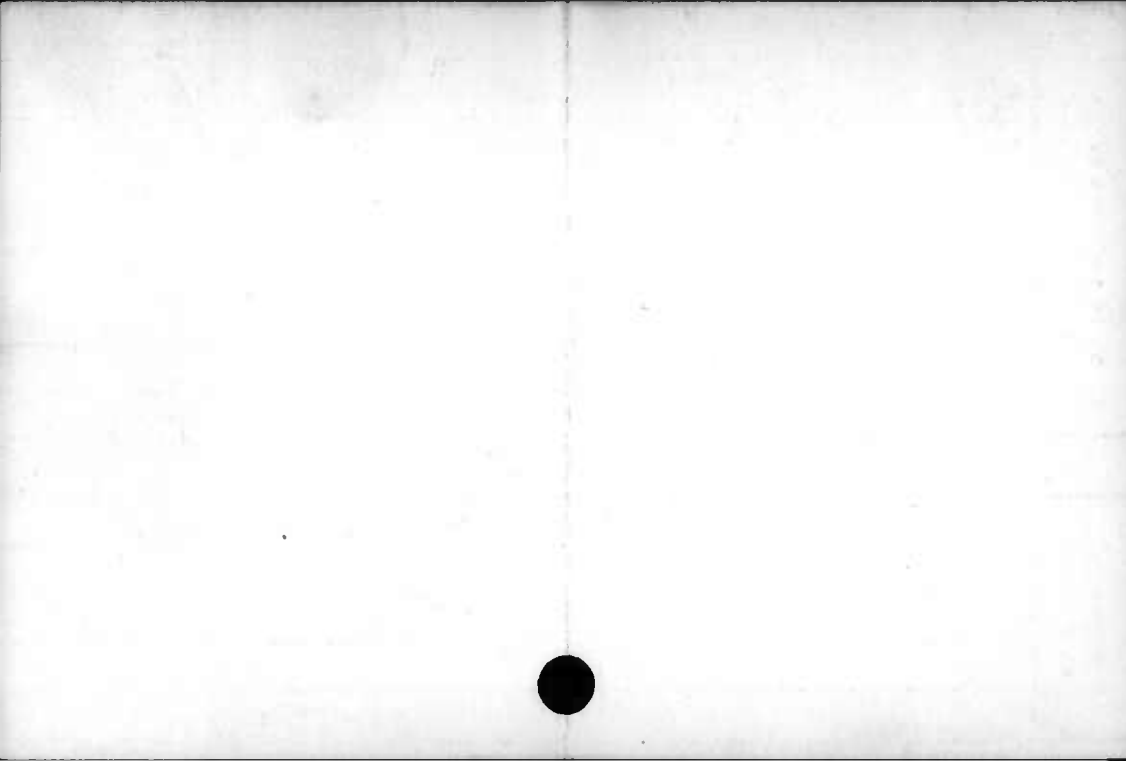
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Jenkins</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Month</small>	<u>Feb.</u> <small>Day</small>	<u>4</u> <small>Years</small>	Age <u>70</u>	<u>      </u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>      </u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>Widow</u>	Name of <del>Wife</del> <u>Husband</u> <u>J. W. Barroll, (deceased)</u>				
Father's Name <u>Mark W. Jenkins</u>	Father's Birthplace <u>Balto. Co. Md</u>				
Mother's Maiden Name <u>Ann M. Jenkins</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving Information <u>Eugene Jenkins</u>	How related to deceased <u>Nephew</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Nervous Degeneration</u>	How long <u>      </u>
Immediate	<u>"</u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above?	<u>      </u>	Signature of Physician <u>Wm. A. Green</u>
		Address <u>Gittings</u>
Accident or Suicide?	<u>      </u>	<u>Md</u>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary E. Bayne

Town

Towson

County

Baltimore

MARYLAND

Died at

Date

of death 1904

Month

2

Day

6

Age

Years

75

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Md.

Occupation

Housewife

Where Residing if not  
at place of death

Towson

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

Thomas Bayne

Father's  
Name

Joshua S. Wright

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Julia A. Webb

Mother's  
Birthplace

Penn.

Name of person giving  
information

Samuel Bayne

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Accident

How long

1 week

Immediate

Uræmic Pœxæmia

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

R. E. Massenburg M.D.

Address

Towson

PHYSICIAN  
OR CORONER

Accident or Suicide?

John Burns Sons  
Prospect Hill  
Jouison

Name

in  
Full

John Becker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt. Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Feb.</i>	Day <i>25<sup>th</sup></i>	Age <i>72</i>	Months <i>3</i>	Days <i>14</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Gardner</i>				
Name of Wife or Husband <i>Elizabeth Becker</i>					
Father's Name <i>Geor. Becker</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary. Dugler</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Elizabeth Becker</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fracture of Skull by limb of tree.</i>	How long
Immediate <i>Hemorrhage on the brain.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>Mt. Washington</i>
Accident or Suicide? <i>Accident</i>	<i>H. Holliday Smith - Coroner</i>

W. J. Schilling

5 S. Poppleton St

Jerusalem Church, Gardenville, Wd

Feb 28/05

Name  
in  
Full

## CERTIFICATE OF DEATH

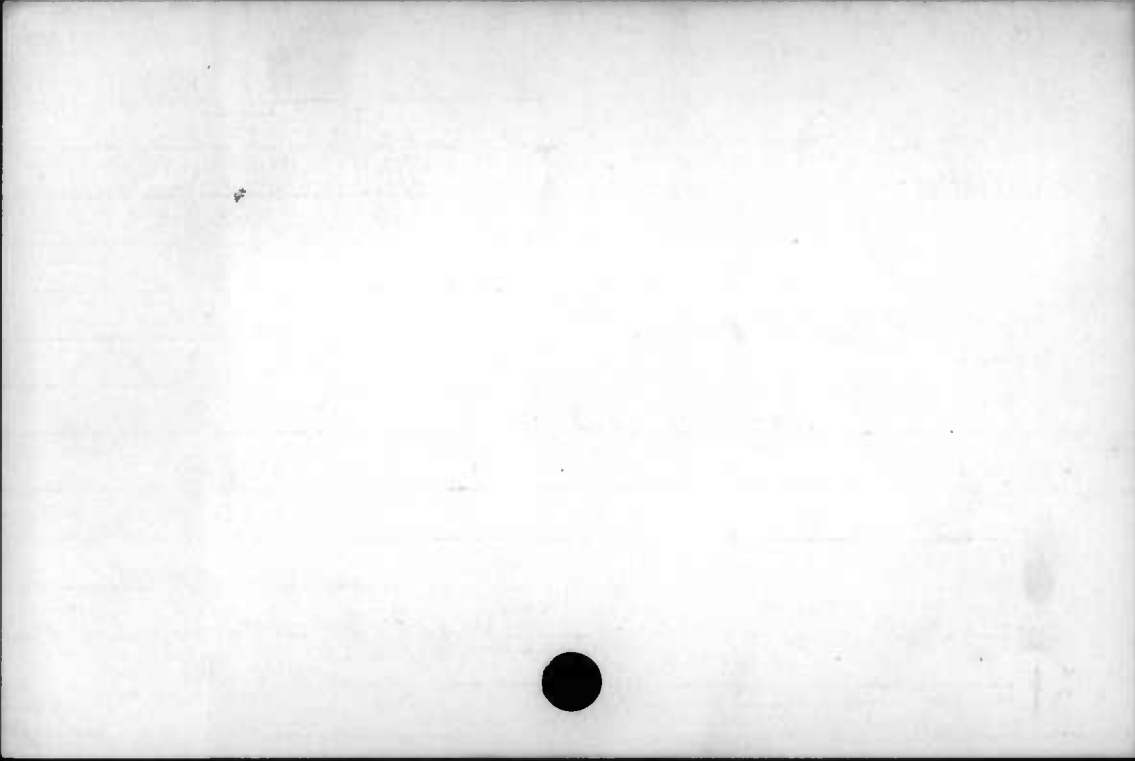
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Befus, Mary</i>		Town <i>Calonsville</i>		County <i>Polk</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>17</i>	
Age <i>42</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Russia</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>X</i>		How related to deceased <i>X</i>					

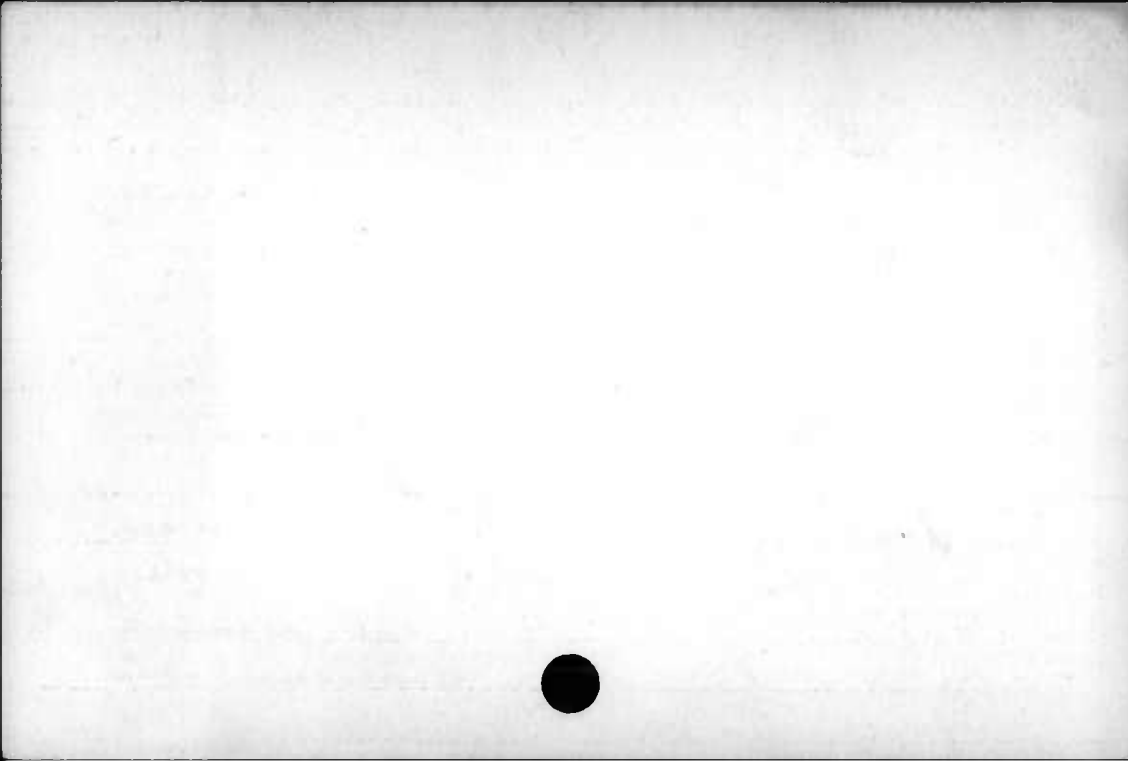
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dementia</i>	How long	<i>5 yrs.</i>
Immediate	<i>Chronic Interstitial Nephritis</i>	How long	<i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Percy Wade</i>	
<i>Yes</i>		Address <i>Calonsville, Ind.</i>	
Accident or Suicide?		<i>No</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Parkton</u>		County <u>Baltimore</u>		MARYLAND
	Date of death 190 <u>5</u>	Month <u>4</u>	Day <u>2</u>	Age	Years Months Days <u>1/2</u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Parkton Md.</u>	
	Married, Single or Widowed <u>                    </u>			Occupation <u>                    </u>	
	Name of Wife or Husband <u>                    </u>				
	Father's Name <u>John E. Bee</u>		Father's Birthplace <u>Baltimore</u>		
	Mother's Maiden Name <u>Cora A. Knight</u>		Mother's Birthplace <u>Union Bridge Md.</u>		
Name of person giving information <u>Cora A. Bee</u>		How related to deceased <u>mother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Premature Birth</u>		How long <u>occurring at 6 mos</u>		
	Immediate <u>aschemia</u>		How long <u>1/2 day</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. R. Mitchell</u>		
			Address <u>Moukton Md.</u>		
Accident or Suicide? <u>                    </u>					





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Date of death		Month	Day	Years
	Sex	Color or Race	Birth-place		Months
	Occupation	Where Residing if not at place of death		Days	
	Married, Single or Widowed	Name of Wife or Husband		State	
	Father's Name	Mother's Maiden Name		Father's Birthplace	
	Name of person giving information		How related to deceased		Mother's Birthplace
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Address		State		
	Accident or Suicide?				

Rezin M. Bennett

Hobbsville Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905-2-21 Age 36-3 Months 21 Days

Sex Male Color or Race white Birth-place Frederick Co.

Occupation Farming Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Rezin Bennett Father's Birthplace Montgomery Co.

Mother's Maiden Name Eleanor Hobbs Mother's Birthplace Montgomery Co.

Name of person giving information Dorcas Bennett How related to deceased sister

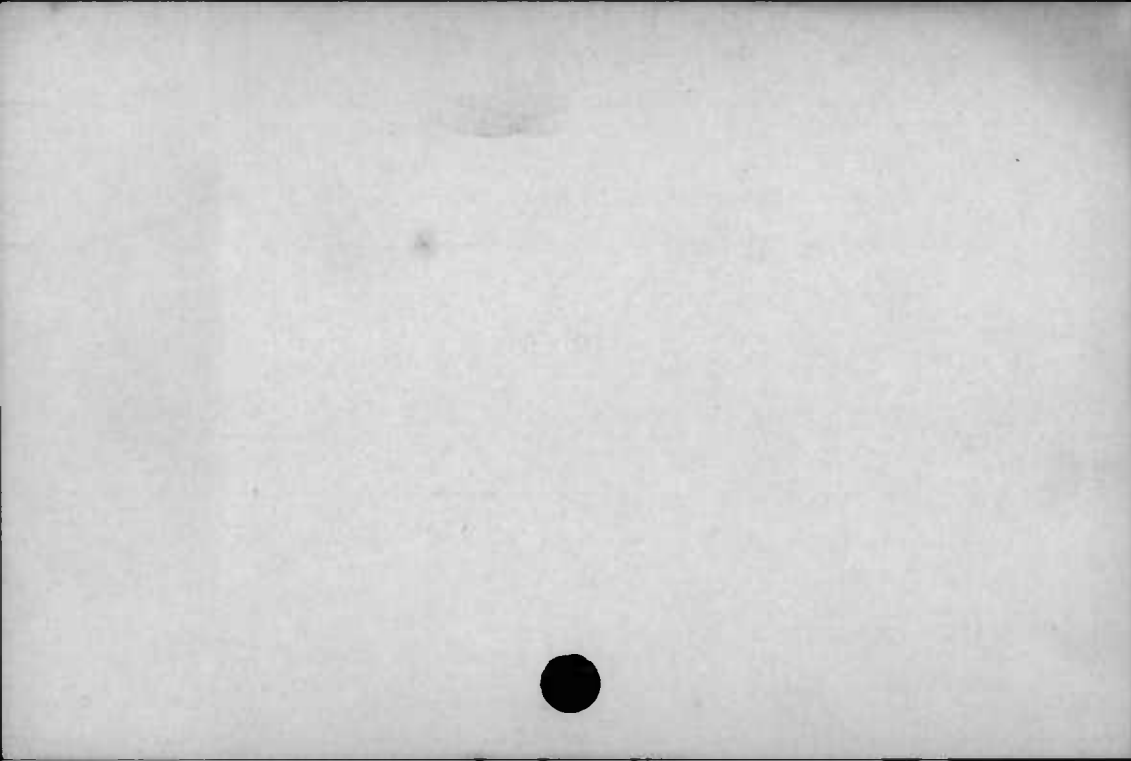
CAUSES OF DEATH

Primary Influenza 10 How long 1 week  
Immediate Lobal Pneumonia 3 days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician A. C. Smith

Address Woodlawn Sta

Accident or Suicide? State Md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Perry Hall</u> <sup>Town</sup>		<u>Balt.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u> <sup>Year</sup> <u>Feb.</u> <sup>Month</sup>		<u>16</u> <sup>Day</sup>	<u>47</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Kingsville Md.</u>		
Occupation <u>Carpenter</u>		Where Residing if not at place of death <u>Perry Hall.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mattie Street</u>				
Father's Name <u>Samuel Billingslea</u>		Father's Birthplace <u>Balt. Co.</u>			
Mother's Maiden Name <u>Elizabeth Hale</u>		Mother's Birthplace <u>Balt. Co.</u>			
Name of person giving information <u>Wife</u>		How related to deceased <u>wife</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>✓</u>
Immediate <u>"</u>	How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>H. T. Harrison</u>
	Address <u>Loch Raven, Md.</u>
	<u>Per J. F. H. Gonsch.</u>
Accident or Suicide?	

This card was  
issued to disinter  
the body of deceased  
J. F. H. Gorsuch M.D.  
Reg. 11 - Dist. Balt Co. Md.  
May 1905.

Name in Full		David Gittings Billingsley				CERTIFICATE OF DEATH	
196-		Died at <sup>Town</sup> Perry Hall		<sup>County</sup> Baltimore		MARYLAND	
Date of death		1905	Month February	Day 16 <sup>th</sup>	Age 47	Months	Days
Sex Male		Color or Race White		Birth-place Baltimore Co., Md.			
Occupation Carpenter		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Mattie Street.					
Father's Name Samuel Billingsley		Father's Birthplace Long Green					
Mother's Maiden Name Elizabeth Waile		Mother's Birthplace Long Green					
Name of person giving Information Mrs. D. Billingsley		How related to deceased wife.					
CAUSES OF DEATH							
Primary		Pneumonia. 93				How long	
Immediate		Pneumonia.				How long 8 days.	
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician W. J. Harrison.			
				Address Loch Raven.			
Accident or Suicide?							

Wangh Chappel.

Infant - Margaret E Boughter

Town

or

County

Died at Lanesville Harford Road Baltimore CO

MARYLAND

Date 1905 Feb 5  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of

Father's Name Edwin Boughter

Mother's Name Alice Boughter

Cause of Death { Primary Exhausted in Birth  
 Immediate Exhaustion

How long sick  
 Two hours

Accident, Suicide, Homicide

Reported by H. Young, Northbrook, Md.

Address 237 Forsyth Ave. Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





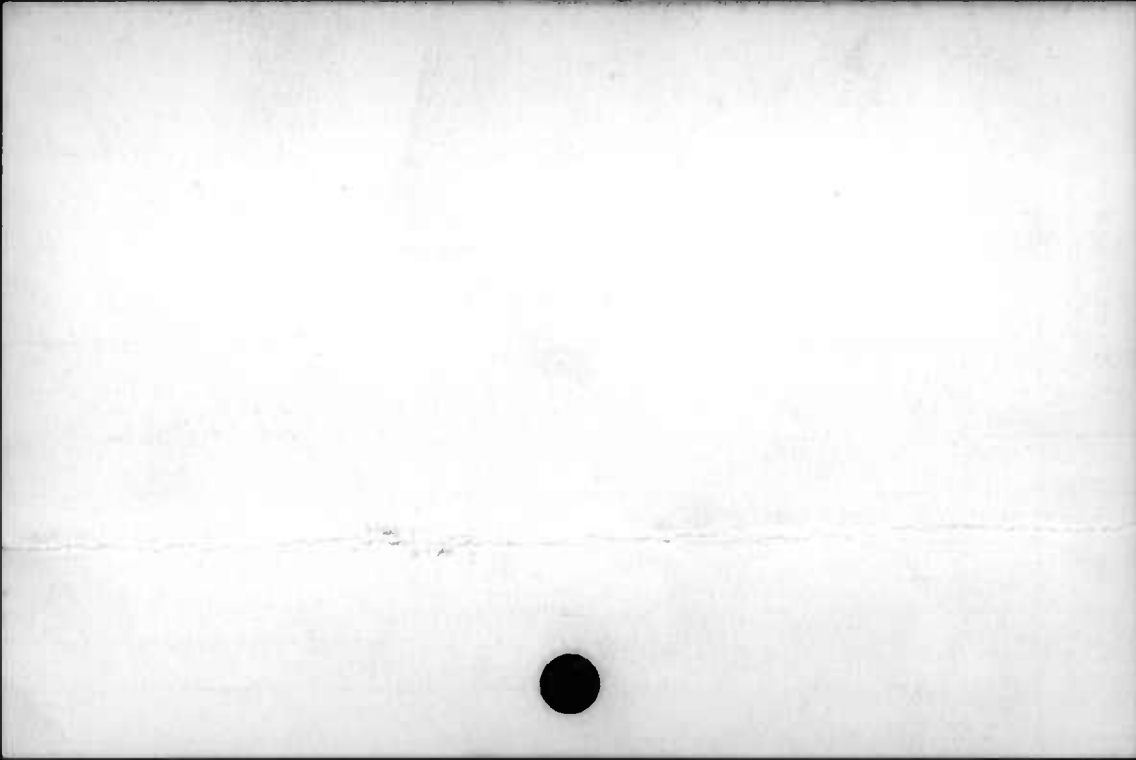
Name  
in  
Full164  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Singsville</i> Town		<i>Balmore</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>2</i>	Day <i>13</i>	Age <i>57</i> -	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bert Bowen</i>			
Father's Name <i>- - Pierce</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information <i>Bert Bowen</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malignant disease of stomach</i>	How long	<i>6 months</i>
Immediate	<i>General failure</i>	How long	<i>a few weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Leper</i>	
		Address <i>Franklin Md</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Lucy Ann Boyer

CERTIFICATE OF DEATH

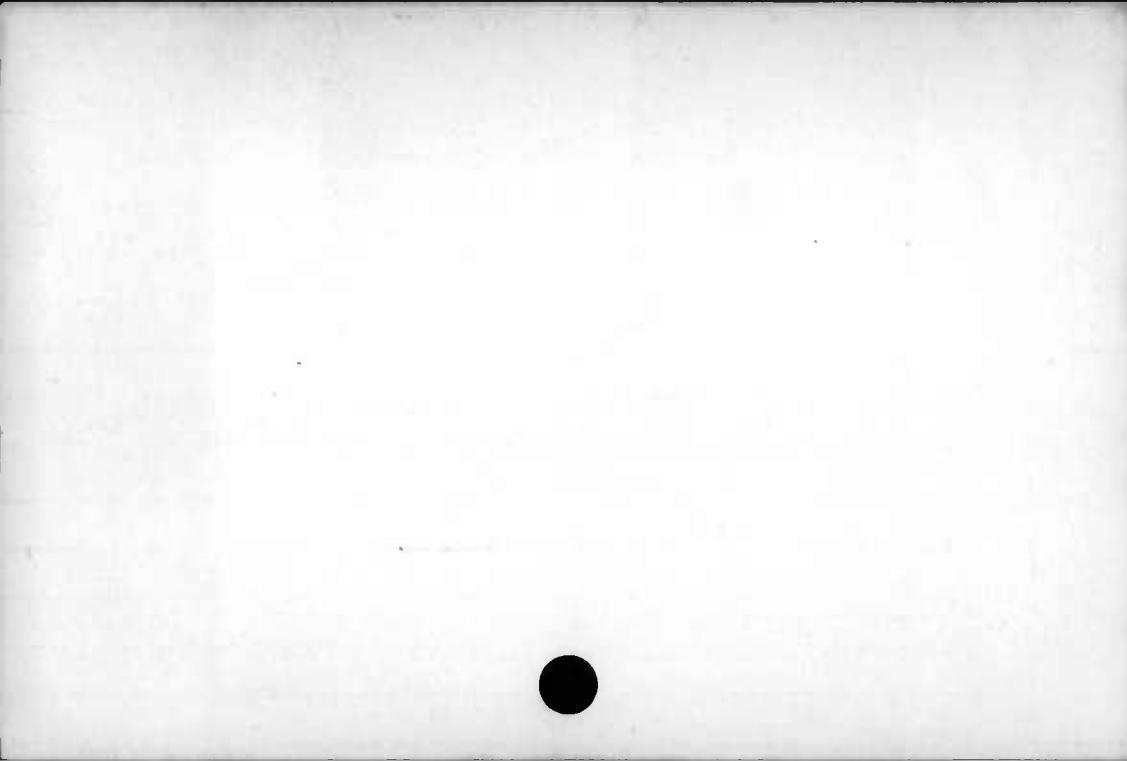
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stiltz</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>5</u>	<u>Feb.</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	Age <u>28</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>2</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>York Co</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>			
Name of Wife or Husband					
Father's Name <u>Samuel Boyer</u>			Father's Birthplace <u>York Co</u>		
Mother's Maiden Name <u>Emma Sheffer</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>" "</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Blood Poisoning</u>	How long <u>One week</u>
Immediate <u>Diphtheria</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. R. Albough</u>
	Address <u>Glen Rock</u>
	<u>R. F. D. #1. Pa.</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Bessie E. Bright</i>		Town <i>Mt. Washington</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Mt. Washington</i>		Month <i>2</i>		Day <i>14</i>		Years <i>102</i>	
Date of death 190 <i>8</i>		Month <i>2</i>		Day <i>14</i>		Age <i>102</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Md.</i>		Months <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>		Months <i>—</i>		Days <i>—</i>	
Name of Wife or Husband <i>Richard Bright</i>		Occupation <i>Housewife</i>		Months <i>—</i>		Days <i>—</i>	
Father's Name <i>—</i>		Occupation <i>Housewife</i>		Months <i>—</i>		Days <i>—</i>	
Mother's Maiden Name <i>—</i>		Occupation <i>Housewife</i>		Months <i>—</i>		Days <i>—</i>	
Name of person giving In formation <i>Chas. Bright</i>		Occupation <i>Housewife</i>		Months <i>—</i>		Days <i>—</i>	
Name of person giving In formation <i>Chas. Bright</i>		Occupation <i>Housewife</i>		Months <i>—</i>		Days <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Pneumonia</i>		How long <i>Two weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. H. Butler</i>	
Address <i>Mt Washington</i>		Address <i>Mt Washington</i>	
Accident or Suicide?		Accident or Suicide?	

Interment at  
McKendree Cemetery  
Balt. Co.  
C<sub>1</sub>

Name  
in  
Full~~Robert Brown~~

## CERTIFICATE OF DEATH

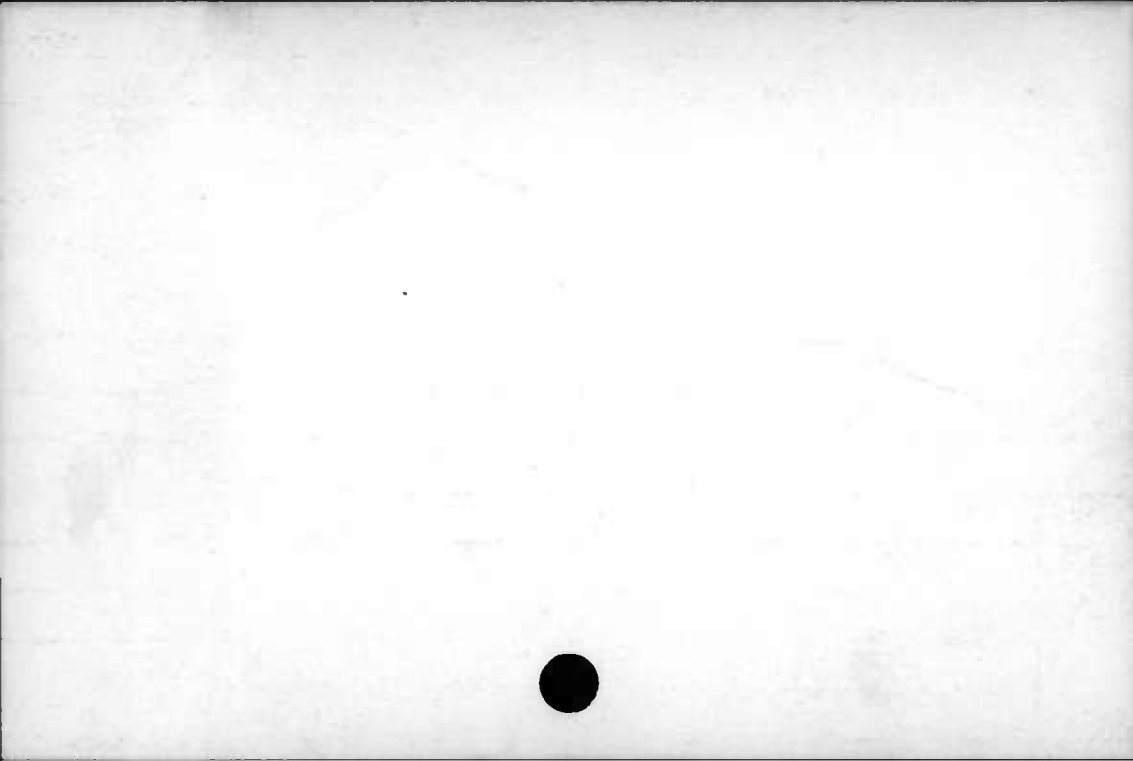
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Catonsville		Baltimore		MARYLAND	
Date of death	1905	Month	Feb.	Day	11	Years	Age 6 mo. 11 da.
Sex	male		Color or Race	Colored		Birth-place	New Jersey
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Bessie E. Brown			
Father's Name	Robert Brown					Father's Birthplace	Harford Co.
Mother's Maiden Name	Bessie E. Henson					Mother's Birthplace	Catonsville
Name of person giving information	Bessie E. Brown					How related to deceased	Mother.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	1 week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Maufeldt</i> Address <i>Catonsville</i> <i>and</i>		
Accident or Suicide?			





Name In Full		Nathan Bruce				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Croft Keyes <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND
	Date of death		1901	Feb <sup>Month</sup>	14 <sup>Day</sup>	Age <sup>Years</sup>	Months <sup>Days</sup> 2
	Sex		Male		Color or Race		Color or Race
	Occupation		—		Where Residing if not at place of death		—
	Married, Single or Widowed		Single		Name of Wife or Husband		—
	Father's Name		Harry W.C. Bruce		Father's Birthplace		Camden Co. Md.
	Mother's Maiden Name		Carrie M.P. Fancee		Mother's Birthplace		Camden Co. Md.
Name of person giving Information		Harry Bruce		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Aschevia		How long		Life
	Immediate		"		How long		"
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R.B. Norman M.D.
					Address		3543 Chestnut St Baltimore Md
	Accident or Suicide?						

W. J. Schilling  
5 S Poppleton St.  
Baltimore

J. Mr. John. Bare Still  
Feb. 16/08

Name in Full

Certificate of Death

*Elizabeth Cornbly*

Died at *Lex* Town *Baltimore* County

MARYLAND

Date 19 *05 Feb 18* Month Day Y. M. D. Native of *Jenners* Occupation           

~~Male~~ White Married ~~Widow~~ Divorced  
 Female Colored Single ~~Widow~~ Number of children living

Husband of *Josephth Cornbly*

Wife *James Math*

Mother's Maiden Name *Mary Seavine*

Cause of Death { Primary *La Grippe* Immediate *Cholecystitis* Dilatation of Heart

How long sick *1 week*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Received  
of the at \$41.00  
By Ernest Davis

Name  
in  
Full

Alexandria Campbell

## CERTIFICATE OF DEATH

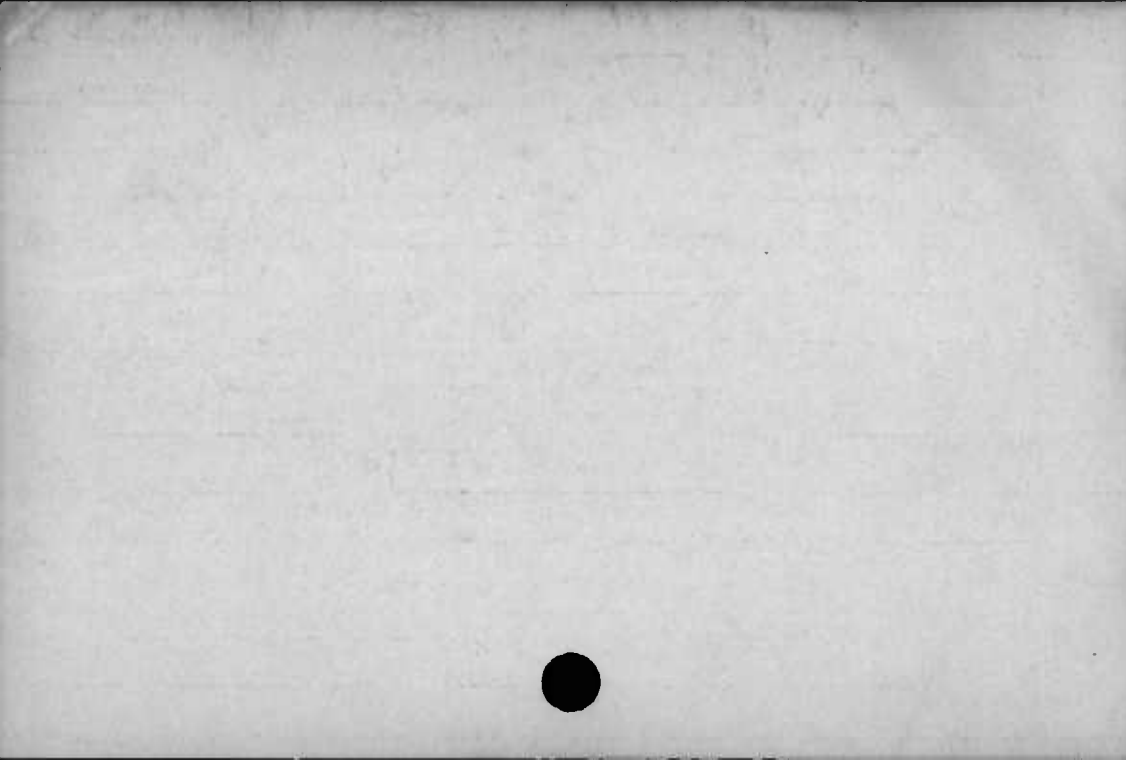
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Owings Mills</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	July	Day	26
Age	66	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Francis Campbell		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	J. Cooke		How related to deceased		
None					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Four Months</i>
Immediate	<i>Exhaustion &amp; Suffocation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Wm. W. Ward, M.D.</i>	
Address		<i>Harrisonville, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Mary A Garry

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Michelsville <sup>County</sup> BaltoDate of death 1905 <sup>Month</sup> July <sup>Day</sup> 3 <sup>Years</sup> 44 <sup>Months</sup> 7 <sup>Days</sup> 12Sex Female Color or Race White Birth-place BaltoOccupation seamstress Where Residing if not at place of death UniversvilleMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name Edward Garry Father's Birthplace IrelandMother's Maiden Name Johanna Agan Mother's Birthplace IrelandName of person giving information Bridget A Reddish How related to deceased sister

## CAUSES OF DEATH

Primary Erippe How long 25  
Immediate Pneumonia How long 8 daysAre the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianW. B. Hall

Address

not known

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

St Peter's

F.A. Krause FR



Name  
in  
Full

Francis Cavanaugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND				
Date of death 190		5	Month Feb.	6	Day	7	Age	Years	Months	Days
Sex		Male		Color or Race		White		Birth- place		Md.
Married, Single or Widowed		Single		Occupation		None				
Name of Wife or Husband										
Father's Name		James S. Cavanaugh						Father's Birthplace		N. Y.
Mother's Maiden Name		Eliza E. Gray						Mother's Birthplace		Md.
Name of person giving In formation		James S. Cavanaugh						How related to deceased		Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Abscess of Antrum		How long		10 days
Immediate		Toxemia		How long		5 days
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. J. McCarty
				Address		834 S. Canton St.
Accident or Suicide?						

Crowley Bros  
New Cathedral Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Chilcoat Oliver		Town		Baltimore		County		Baltimore		MARYLAND	
Died at		Baltimore		Town		Baltimore		County		Baltimore		MARYLAND	
Date of death		1905		Month		Feb		Day		25		Age	
Sex		Male		Color or Race		White		Birth-place		Ind		Months	
Occupation		Laborer		Where Residing if not at place of death		X		Months		Days			
Married, Single or Widowed		Single		Name of Wife or Husband				Father's Birthplace		Ind			
Father's Name		Oliver Chilcoat		Mother's Maiden Name		X		How related to deceased		X			
Name of person giving information		X		Signature		[Signature]		How related to deceased		X			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Epileptic Insanity		How long		20 yrs.	
Immediate		Status Epilepticus		How long		24 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Grey Wade	
Accident or Suicide?		No		Address		Baltimore, Ind	

W. Q. Brooks. Philopoli Md  
Feb 26-05

To Basley. Ok. Texas Sta  
Batts Co Md

Name in Full *Caroline Christopher*

Town *Carmen* County *Baltimore*

Died at *Carmen* *Baltimore* MARYLAND

Date 19*05* Month *Febr.* Day *14<sup>th</sup>* Age *5 hours*

☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced  
☐ Female ☒ Colored ☐ Single ☐ Widower Number of children living

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *John M. Christopher* Mother's Name *Caroline Christopher* *Kayb.*

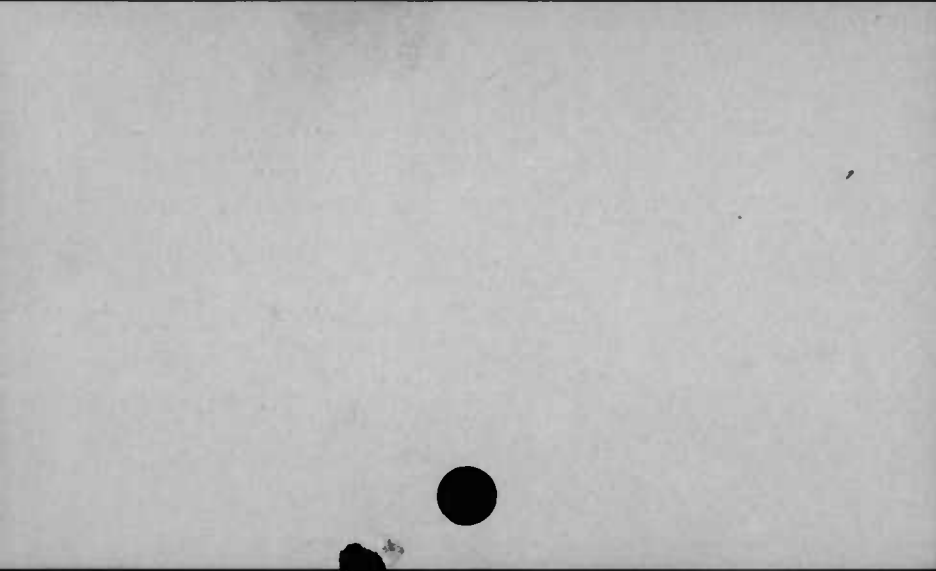
Cause of Death { Primary *Premature birth.*  
 Immediate \_\_\_\_\_

How long sick \_\_\_\_\_  
 Accident, Suicide, Homicide

Reported by *W. G. Harrison*

Address *Grach* *12 Shen.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lester Blairy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Mt Mans</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>			
Date of death 190	<i>5</i> <sup>Month</sup>	<i>Feb</i>	<i>13</i> <sup>Day</sup>	Age <i>3</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>
Sex <i>Male</i>	<i>X</i>	Color or Race <i>white</i>	Birth-place <i>Balto Md</i>		
Married, Single or Widowed <i>single</i>		Occupation <i>✓</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Clairy</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Emma Hoffman</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Emma</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia Broncho</i>	How long <i>3 wks</i>
Immediate <i>Empyema</i>	How long <i>4 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. S. M. Kieffer M.D.</i>
	Address <i>Monell. P.R.</i>
	<i>Balto Co Md</i>
Accident or Suicide? <i>—</i>	

Paulus J. McCormick

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Name  
in  
Full

Winchester Thomas Lowell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodlawn</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>Feb</i> <sup>Month</sup>	<i>17<sup>th</sup></i> <sup>Day</sup>	Age <i>78</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Labour</i>	Where Residing if not at place of death <i>Woodlawn Md</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Lowell</i>				
Father's Name <i>Part known</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Frank Gill</i>	How related to deceased <i>Friend</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberc. Pneumonia</i> <i>93</i>	How long <i>1 week</i>
Immediate <i>Cardiac Insufficiency</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>
<i>Yes</i>	Address <i>Woodlawn Sta Md</i>
Accident or Suicide? <i>—</i>	

Winbert Thomas Powell  
burial Western Cove  
Jos-B. Cook

Name  
in  
Full

## CERTIFICATE OF DEATH

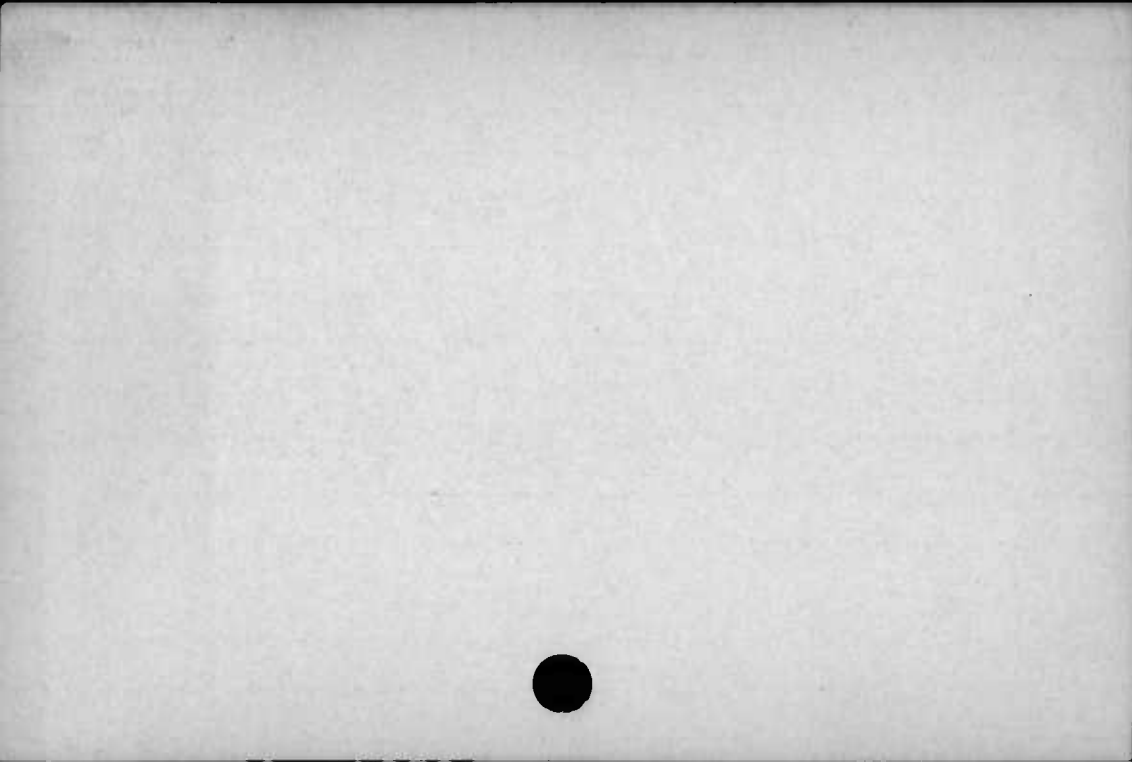
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John G. Creaghan</i>		Town <i>Harrisonville</i>		County <i>Balto</i>		MARYLAND							
Died at		Date of death <i>1905</i>		Month <i>Feb.</i>		Day <i>16</i>		Age Years <i>1</i>		Months <i>1</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>		Occupation <i>—</i>						Where Residing if not at place of death <i>at place of death</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>											
Father's Name <i>John T. Creaghan</i>		Father's Birthplace <i>Ind.</i>											
Mother's Maiden Name <i>Mary E. Allen</i>		Mother's Birthplace <i>Ind.</i>											
Name of person giving Information <i>John T. Creaghan</i>		How related to deceased <i>Father</i>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>4 days</i>	
Immediate <i>Suffocation</i>		How long <i>2 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. H. Hard</i>	
		Address <i>Harrisonville</i> <i>Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

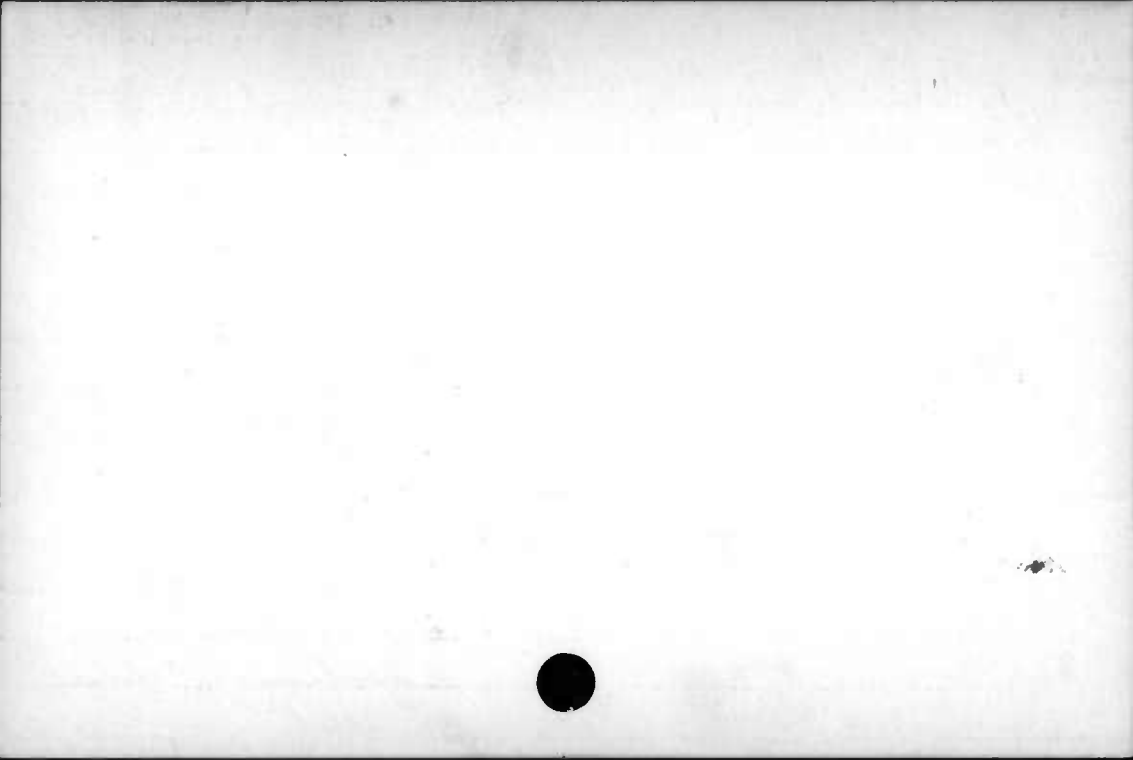
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William C. Crook</i>		Town <i>Deer Park</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Deer Park</i>		Month <i>2</i>		Day <i>7</i>		Age <i>8</i>	
Date of death 190 <i>5</i>		Month <i>2</i>		Day <i>7</i>		Years <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balts Co.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Henry W. Crook</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Georgia Collins</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Henry W. Crook</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>		How long <i>about one week</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. M. M.</i>	
		Address <i>Pikesville</i>	
Accident or Suicide?			



Name in Full		Edna B. Daelle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton		County Balto		MARYLAND
	Date of death	1905	Month	Feb	Day	3	Age
	Sex		Female		Color or Race		White
	Occupation		Child		Where Residing if not at place of death		—
	Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Balto City
	Mother's Maiden Name		Sophia Haini		Mother's Birthplace		Germany
	Name of person giving information		John Daelle		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Gastro Enteritis				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. W. Hthey
					Address		2 Hudson St Eno
	Accident or Suicide?						

J Herwig & son

St Matthews Cemetery

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Feb.	17	48	3		
Sex	Female		Color or Race	white		Birth-place	Md.
Occupation	None		Where Residing if not at place of death		Dickysville		
Married, <del>Single</del> or Widowed	Name of Wife or Husband		A. Daniels.				
Father's Name	Robert White.					Father's Birthplace	Md.
Mother's Maiden Name	Sarah Parker					Mother's Birthplace	Md.
Name of person giving information	Robert White					How related to deceased	Father

## CAUSES OF DEATH

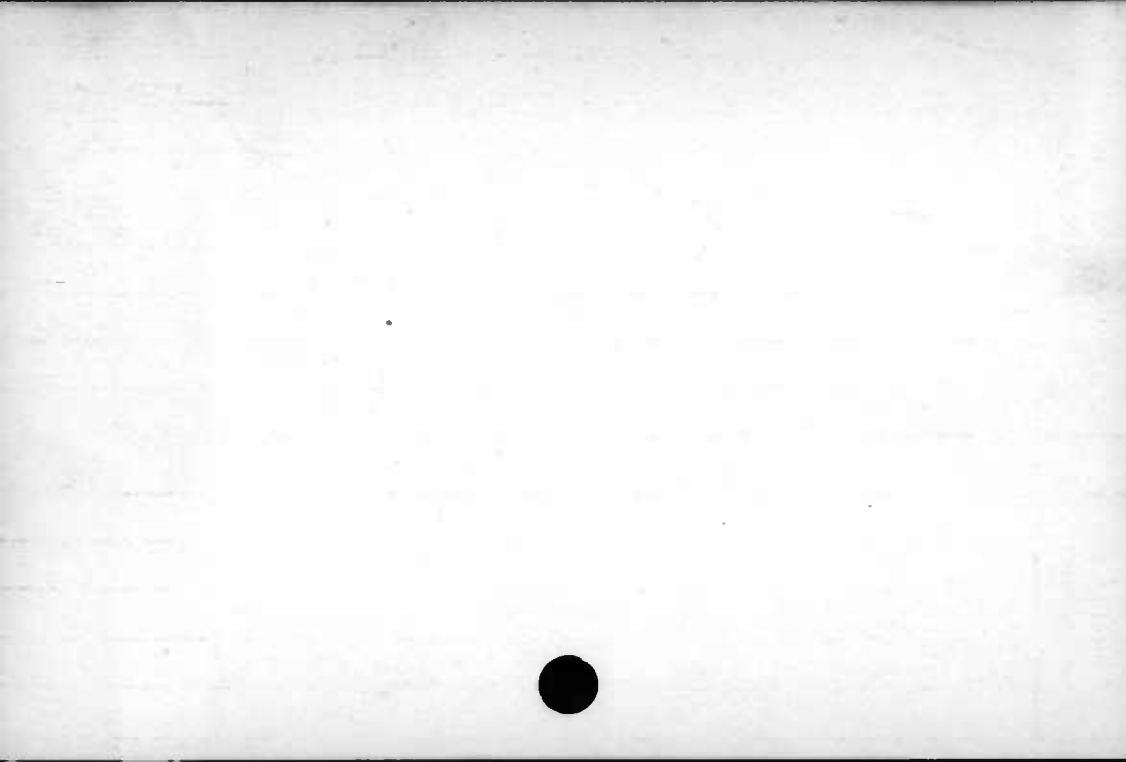
PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 year
Immediate	Enteritis		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		P. C. Smith
zer		Address		Woodlawn Sta Md
Accident or Suicide?		—		

Wards Chapel

Jos. B. Cook

Name in Full		Thomas Diggs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Canton		County Balto	
		Date of death		1905		Month May	
		Day		14		Age	
		Years		54		Months	
		Days					
Sex		Male		Color or Race		Col -	
Occupation		Laborer		Birth-place		Va	
		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Daffney Diggs	
Father's Name		Barney Diggs		Father's Birthplace		Va	
Mother's Maiden Name		Unknown		Mother's Birthplace			
Name of person giving information		Daffney Diggs		How related to deceased		Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Chronic Nephritis		How long	
		Immediate		Uræmic Coma		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes			
		Signature of Physician		L. N. Atkey			
		Address		12 Harrison			
Accident or Suicide?		-					



Name  
in  
Full

Patrick Dagan

CERTIFICATE OF DEATH

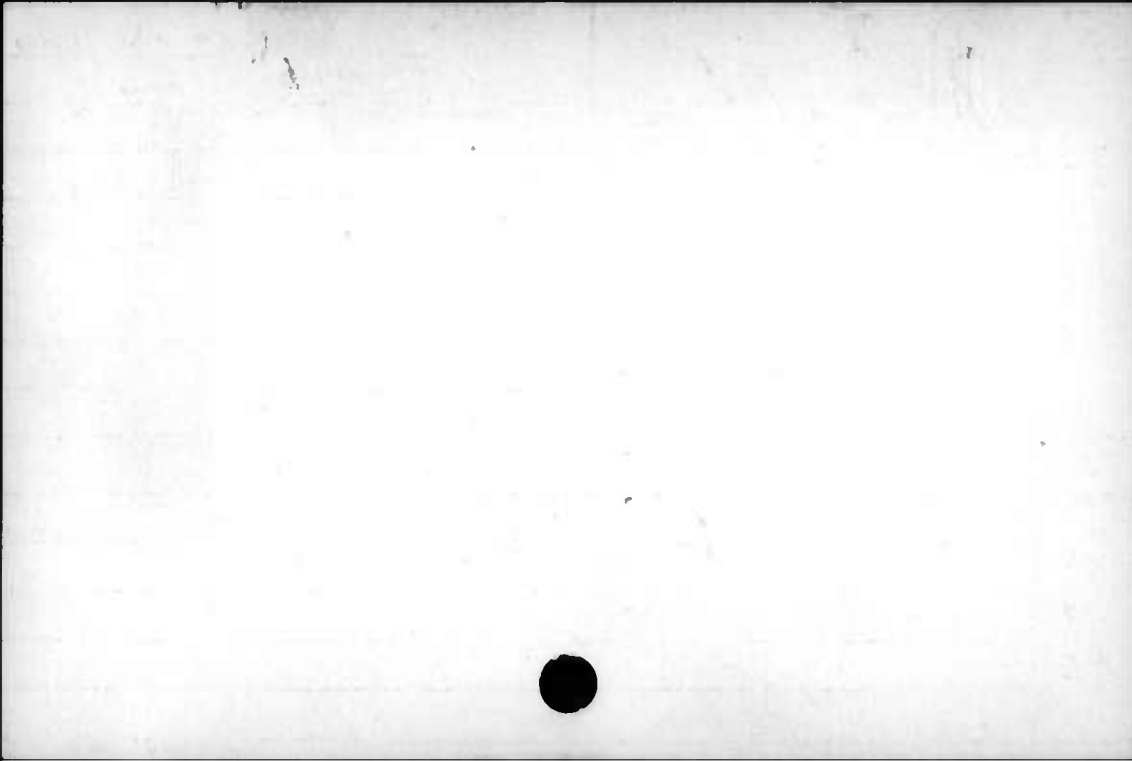
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	5	Month <i>Feb</i>	24	Day <i>28</i>	Age Years <i>84</i>	Months —	Days —
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth- place	<i>Ireland</i>
Married, Single or Widowed	<i>Widower</i>			Occupation			<i>Laborer</i>
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						<i>R J Stinson</i>	
						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>several weeks</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W J E Myn</i>
		Address	<i>Pikesville Md.</i>
Accident or Suicide?			



Name  
in  
Full

S. E. Dyott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arlington</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1905	Month	Feb	Day	26	Years	Age 77
						Months	3
						Days	29
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Retired Merchant</i>			Where Residing if not at place of death		<i>at Place of death</i>	
Name of Deceased or Widowed			Name of Wife or Husband				
Father's Name				<i>Samuel Edwin Dyott</i>			
Mother's Maiden Name				<i>unknown</i>			
Name of person giving information				<i>Wm E. Dyott</i>			
Father's Birthplace				<i>Md</i>			
Mother's Birthplace				<i>Md</i>			
How related to deceased				<i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>300 Mo.</i>
Immediate	<i>Exhaustion</i>	How long	<i>300 Mo.</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Edwin E. Jones</i>	
Address		<i>Arlington Md</i>	
Accident or Suicide?			

Permit for  
London Park been  
Feb 28/905—  
William Cook.

Mr H. Maylor



Name  
in  
Full

Hattie C. Eiler

## CERTIFICATE OF DEATH

Town

County

Baltimore

MARYLAND

Died at

Date

1905 Feb

Month

21<sup>st</sup>

Day

Age

Years

52

Months

6

Days

21

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore city

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
HusbandW<sup>m</sup> C. F. EilerFather's  
Name

George Thresheld

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Catherine Eiler

Mother's  
Birthplace

Baltimore

Name of person giving  
In formationW<sup>m</sup> C. F. EilerHow related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Acute Indigestion

How long

Six Months

Immediate

u

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

boronov

Address

Fred L. Pfeffer

Accident or Suicide?

1218 Third Balto Bond

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Oak Farm Kentucky  
Henderson

Name  
in  
Full

## CERTIFICATE OF DEATH

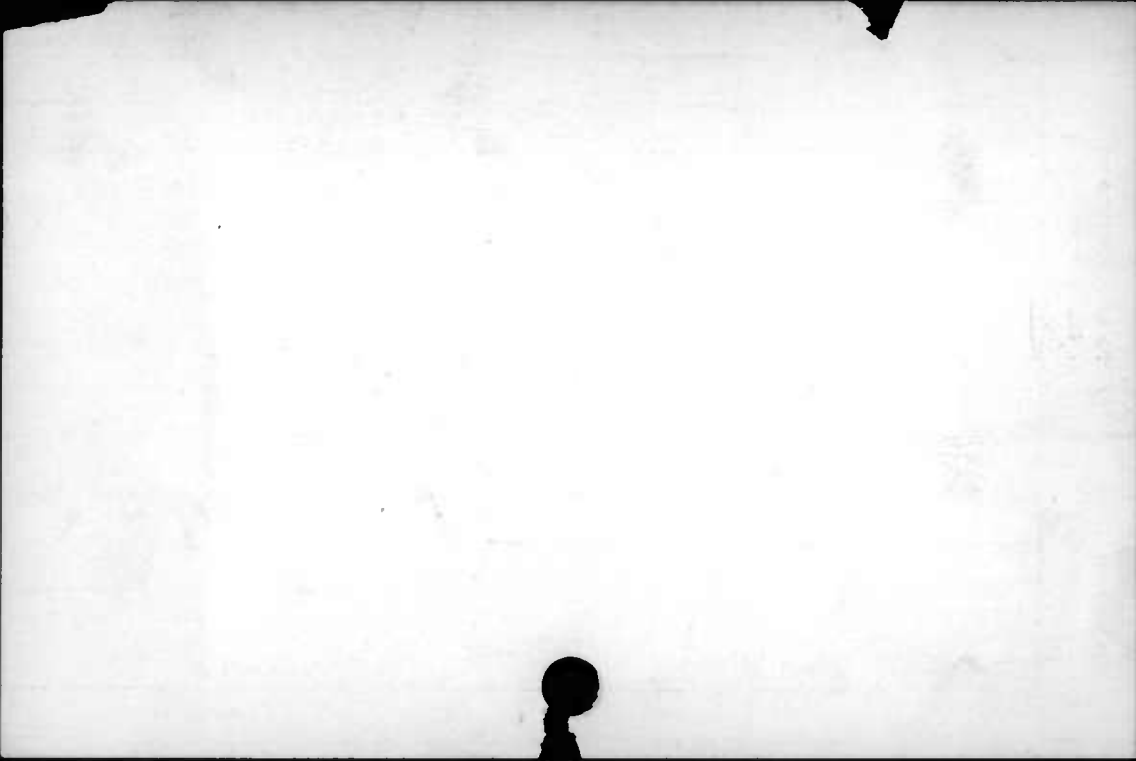
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Phillaux</i>		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>2</i>		Day <i>9</i>		Years <i>56</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> Husband <i>William C. Phillaux</i>					
Father's Name <i>John Stilberg</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>William C. Phillaux</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma</i>	How long <i>20</i>	How long <i>1 year</i>
Immediate <i>Chronic Parenchymatous Nephritis</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. L. Maxwell</i>	
	Address <i>3 and 1/2 South Highland Ave.</i>	
Accident or Suicide? <i>NO</i>		



Name  
in  
Full

Mary A Fischer

## CERTIFICATE OF DEATH

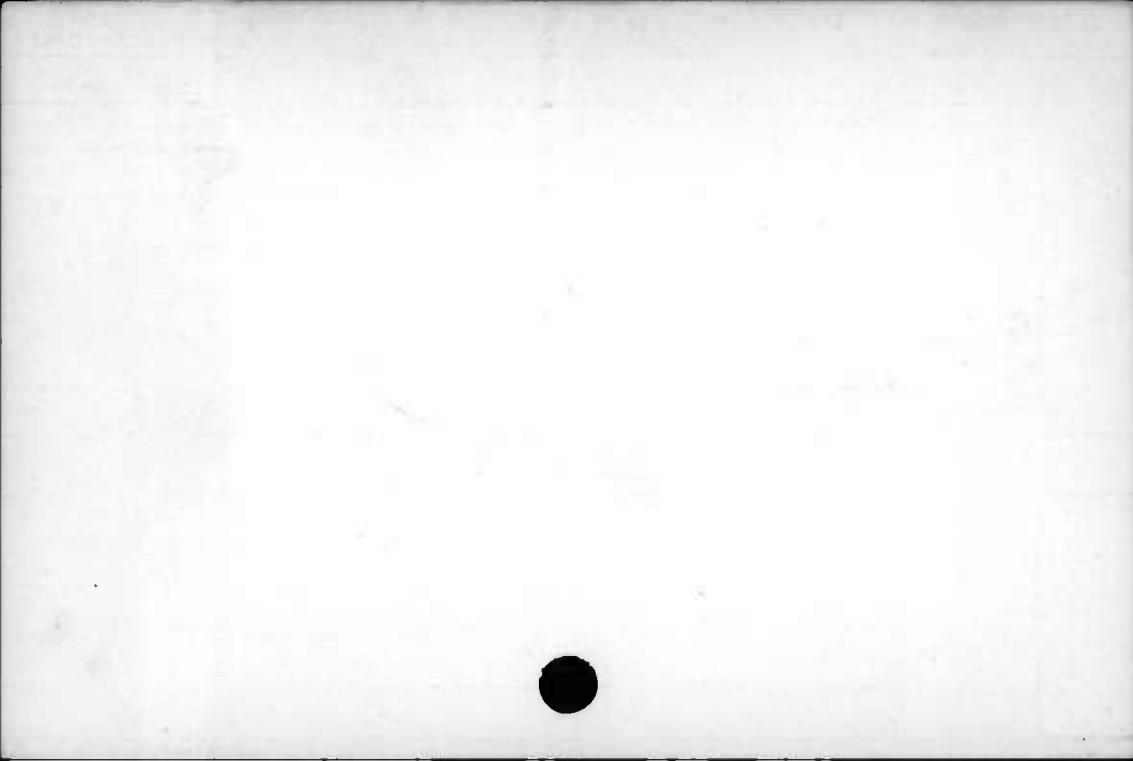
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chase</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>W</i>	Month	<i>July</i>	Day	<i>20</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Age	<i>72</i>
Occupation	<i>st w</i>	Where Residing if not at place of death	<i>—</i>		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Rubinstein Fischer</i>	Father's Birthplace	<i>Germany</i>		
Mother's Maiden Name	<i>—</i>	Mother's Birthplace	<i>—</i>		
Name of person giving information	<i>Mrs Aug Rubenstein</i>	How related to deceased	<i>daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>3 or 4 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur H. Hammer</i>
		Address	<i>Meddethood Rd</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

Andrew Fisher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rockland		County 1		MARYLAND	
Date of death	1905	Month 2	Day 24	Age 76	Years 76	Months 4	Days 2
Sex	Male		Color or Race	White		Birthplace	Ireland
Occupation	Farmer			Where Residing if not at place of death		Rockland	
Married, Single, or Widowed	<del>Single</del>		Name of Wife or Husband		Mary Jane		
Father's Name	John Fisher				Father's Birthplace	Ireland	
Mother's Maiden Name	Jane McArnold				Mother's Birthplace	Ireland	
Name of person giving information	Jane Fisher McArnold				How related to deceased	Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Rheumatism	How long	Thirt, five years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Maria May or
		Address	Pikeville
			neel
Accident or Suicide?			

John Burns Sons  
Sater's Baptist-  
Cem.



Name  
in  
Full

Louisa Mishler

## CERTIFICATE OF DEATH

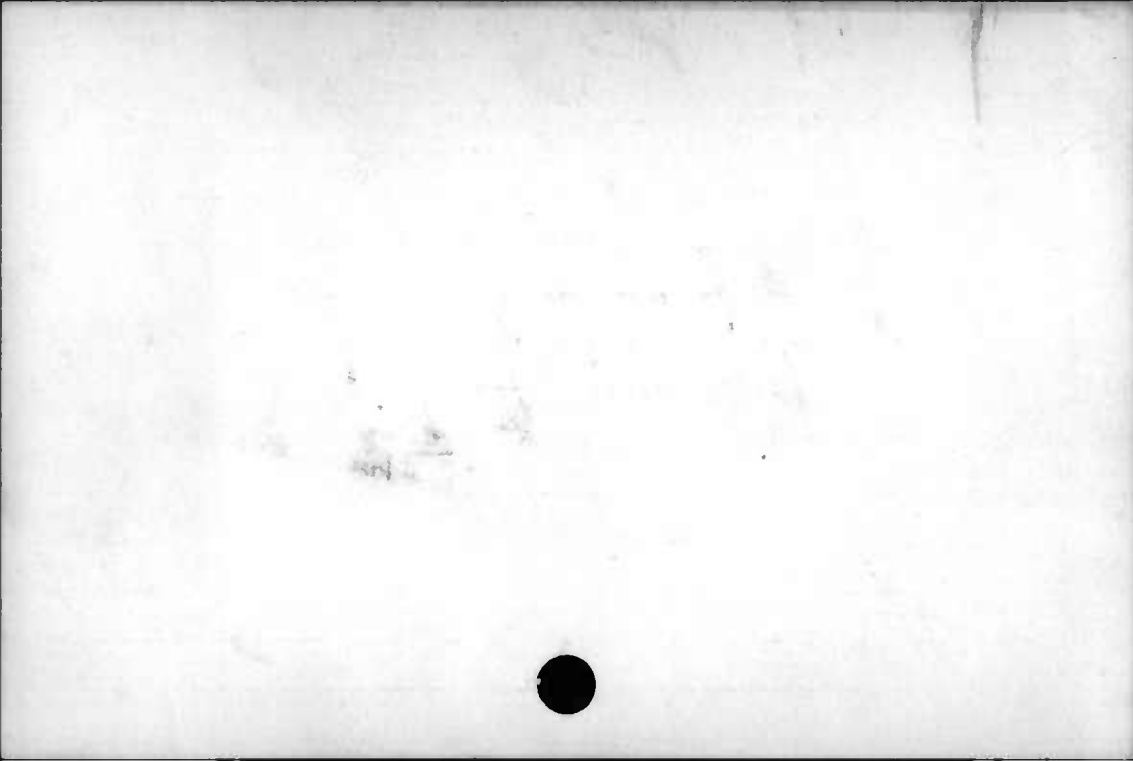
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1905		Feb 2	2	Age 74	4	8	
Sex		Color or Race		Birth-place			
female		White		Penna.			
Married, Single or Widowed		Occupation					
widowed		none					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Cornelius Jacobs				Penna.			
Mother's Maiden Name				Mother's Birthplace			
Rebecca Jacobs				Penna.			
Name of person giving information				How related to deceased			
Georgia B. Bergman				daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	
Immediate	Nephritis	How long	
Are the name, age, sex, color, date and place correctly given above?		120	
yes		Signature of Physician	
		J. W. White	
		Address	
		Blyndon, Md	
Accident or Suicide?			



Name  
in  
Full

Martin Foerster

## CERTIFICATE OF DEATH

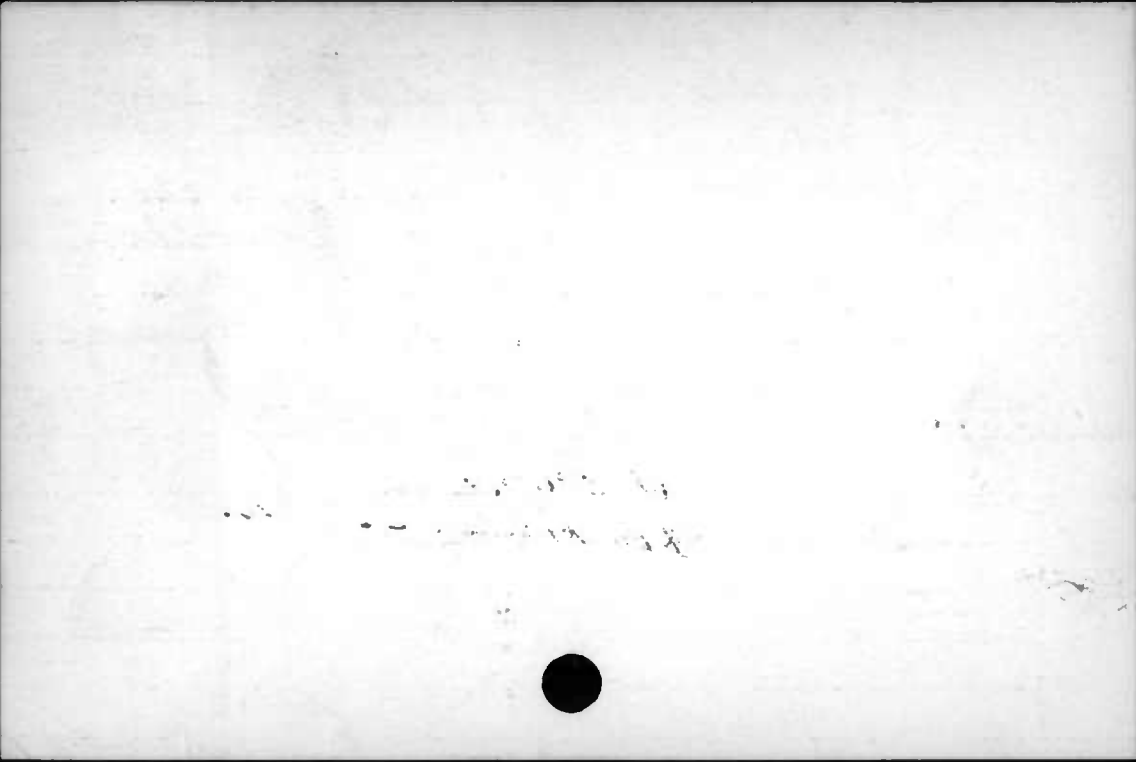
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rossville</i> <small>Town</small>		<i>Bald</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Feb</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>43</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Min - Christ</i>				
Father's Name			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>..</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastric Ulcer</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. Wallace</i>
	Address <i>Rossville Md.</i>
Accident or Suicide?	



# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at Rossville Town

County

County  
Balt

## MARYLAND

Date of death	15 <sup>th</sup> 1905	Month	Feb.	Day	15 <sup>th</sup>
---------------	-----------------------	-------	------	-----	------------------

Age 5-2

Months

6

Days

9

Sex Male

Color or Race

White

Birth-  
place

md.

Occupation *Foreman on P. & E.*

Where Residing if not  
at place of death

Rosabelle

Married, Single  
or Widowed

Ernest

Name of Wife or  
Husband

Caroline Rozle

Father's Name

Father's Birthplace

Germany

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving information \_\_\_\_\_

How related  
to deceased

### CAUSES OF DEATH

### Primary

Accident

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

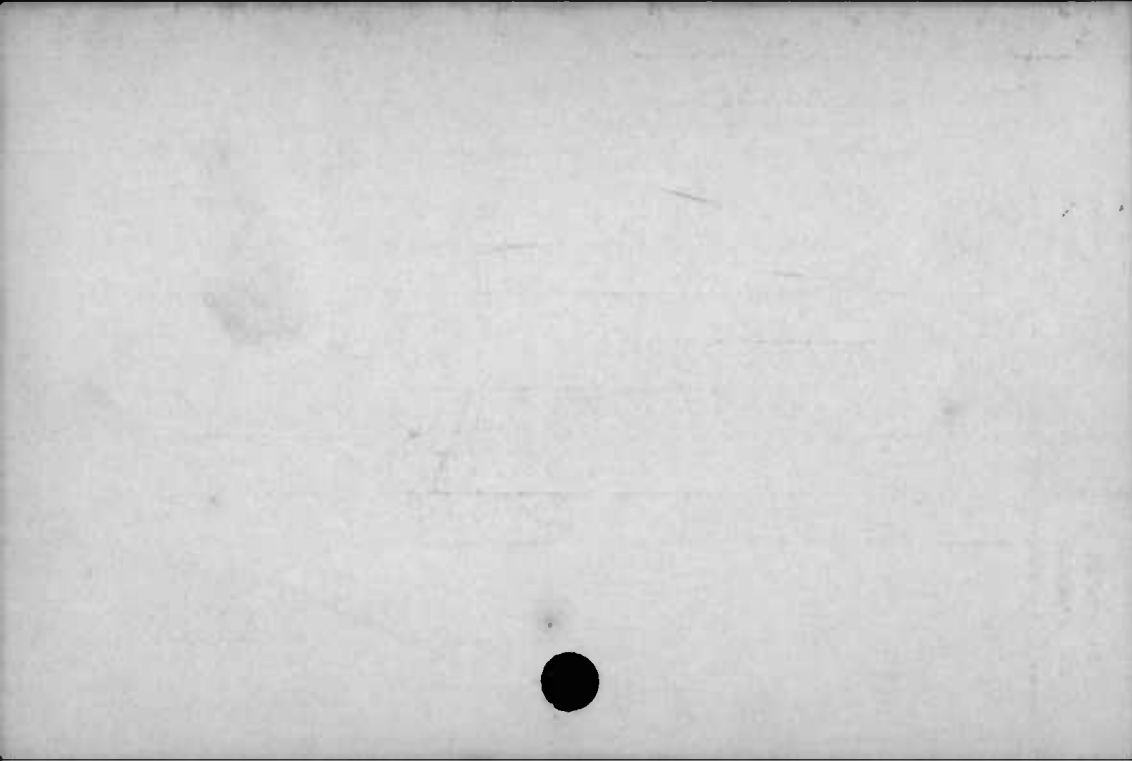
Ed. J. Herman Co.

Address

Pravda

### Accident or ~~Suicide~~?

Accordant



Name  
in  
Full

Mary Frei

## CERTIFICATE OF DEATH

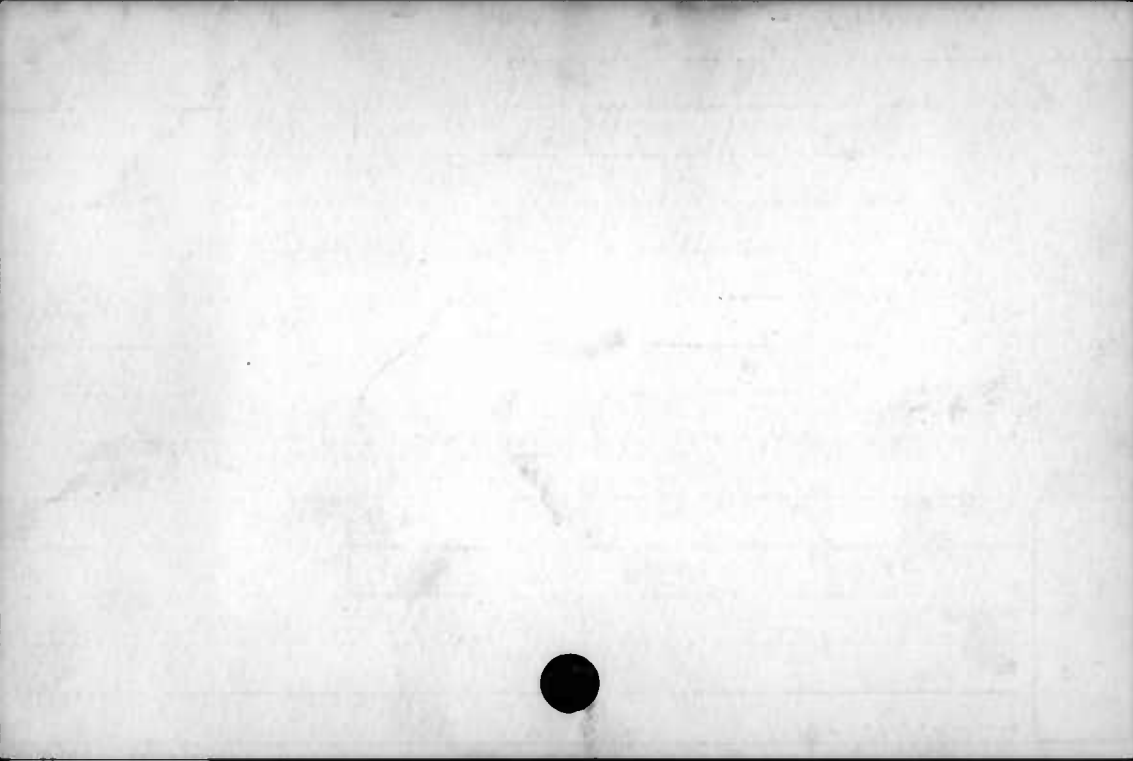
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Halethorpe</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1905	Month <i>Febry</i>	Day <i>9<sup>th</sup></i>	Years <i>31</i>	Months <i>8</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md</i>		
Married, <del>Single</del> or <del>Widowed</del>			Occupation <i>Housewife</i>		
Name of <del>Wife</del> <i>William Frei</i> Husband					
Father's Name <i>Frederick Baker</i>				Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Katie Koch</i>				Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>William Frei</i>				How related to deceased <i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Pulmonary Tuberculosis</i>	How long <i>5 or 6 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Eareckson</i>
	Address <i>Eek Ridge, Md</i>
<i>Accident or Suicide?</i>	





Name  
in  
Full

John Freihamerer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rossville</u> <sup>Town</sup>		<u>of Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u> <sup>Month</sup>		<u>February</u> <sup>Day</sup>	<u>6th</u> <sup>Years</sup>	<u>61</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>austria</u> <u>germany</u>		
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Rossville</u>				
Married, <u>Yes</u> or <u>Widowed</u>	Name of Wife or Husband <u>Mary Freihamerer</u>				
Father's Name <u><del>Harry L. Scheibin</del></u>			Father's Birthplace		
Mother's Maiden Name <u><del>Harry L. Scheibin</del></u>			Mother's Birthplace		
Name of person giving Information <u>Harry L. Scheibin</u>			How related to deceased <u>None</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart failure</u>	How long <u>19</u>
Immediate	<u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>C. V. Mac M. W.</u>
		Address <u>Rossville</u> <u>Joseph A. Neumayer, coroner</u>
Accident or Suicide? <u>—</u>		

A Joseph

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mollie Saphardt</i>				State <i>MARYLAND</i>	
Died at <i>Canton</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>			
Date of death <i>1905</i>	<i>Feb.</i> <sup>Month</sup>	<i>4</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>4</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>712 S. Clinton St.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Harry J. S. Saphardt</i>	Father's Birthplace <i>Balto City</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Maggie Moll</i>	Name of person giving information <i>Harry Saphardt</i>		How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infected Throat</i>	How long <i>50</i>	<i>Dumpy info</i>
Immediate <i>Cyranasii</i>	How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. Williams</i>	
	Address <i>1114 Chesapeake St.</i>	
Accident or Suicide? <i>no</i>		

Nicolous from  
Mt Carmel County

Name  
in  
Full

## CERTIFICATE OF DEATH

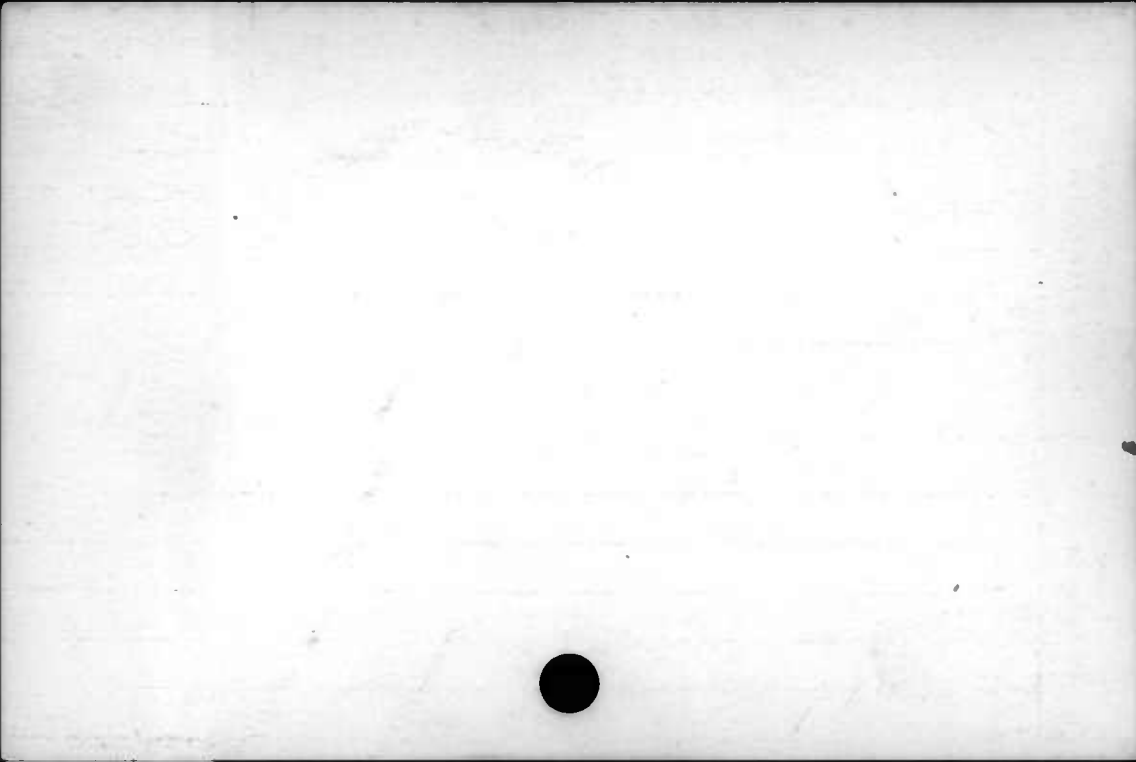
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Maudie B. Garrett</i>		Town <i>Road</i>		County <i>York</i>		State <i>MARYLAND</i>	
Died at <i>Road</i>		Month <i>Feb</i>		Day <i>23</i>		Age <i>6</i>	
Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>23</i>		Age <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Shilo Center</i>		Months <i>11</i>	
Occupation		Where Residing if not at place of death		Days <i>26</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Penn.</i>		Mother's Birthplace <i>Shilo Center</i>	
Father's Name <i>Geo. B. Garrett</i>		Mother's Maiden Name <i>Isertinda B. Lynch</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>Geo. B. Garrett</i>							

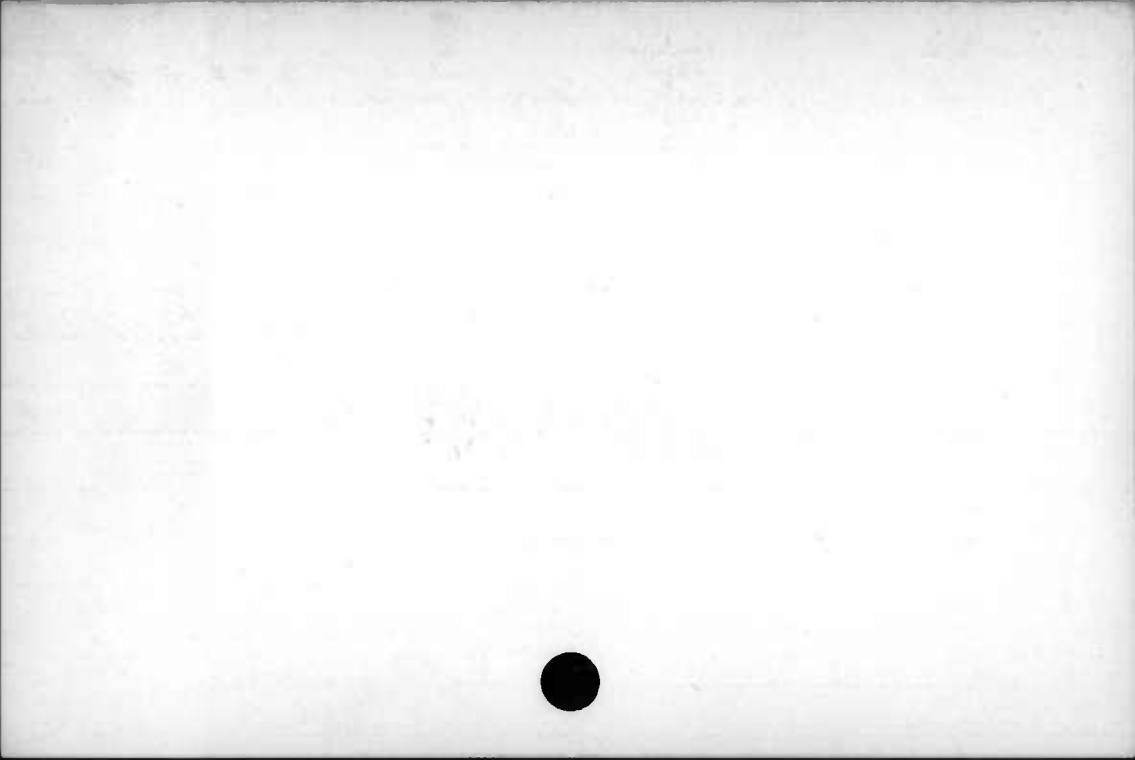
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Peritonitis</i>	How long <i>11/6</i>	How long <i>about 3 weeks</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Gerry</i>	Address <i>Shilobury</i>
Accident or Suicide?		



Name in Full		Garrett, Sarah				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> <i>Catonville</i>		<sup>County</sup> <i>Balto.</i>		MARYLAND	
Date of death		<i>1905</i>	<sup>Month</sup> <i>Feb</i>	<sup>Day</sup> <i>18</i>	<sup>Age</sup> <i>73</i>	<sup>Years</sup>	<sup>Months</sup>
Sex		<i>Female</i>		<sup>Color or Race</sup> <i>Col.</i>	<sup>Birth-place</sup> <i>md.</i>		
Occupation		<i>Domestic</i>		<sup>Where Residing if not at place of death</sup> <i>X</i>			
Married, Single or Widowed		<i>Single</i>		<sup>Name of Wife or Husband</sup> <i>X</i>			
Father's Name		<i>X</i>				<sup>Father's Birthplace</sup> <i>X</i>	
Mother's Maiden Name		<i>X</i>				<sup>Mother's Birthplace</sup> <i>X</i>	
Name of person giving information		<i>X</i>				<sup>How related to deceased</sup> <i>X</i>	
CAUSES OF DEATH							
Primary		<i>Chronic Interstitial Nephritis</i>				<sup>How long</sup> <i>6 mos -</i>	
Immediate		<i>Pulmonary Congestion</i>				<sup>How long</sup> <i>4 days.</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		<sup>Signature of Physician</sup> <i>J. Percy Wade,</i>			
		<i>W</i>		<sup>Address</sup> <i>Catonville, Md.</i>			
Accident or Suicide?		<i>No</i>					





Name

is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Stephen James* Town *Sparrows Point* County *Baltimore* MARYLAND

Died at *Sparrows Point Baltimore*

Date of death *1905 Feb 8th* Age *50* Months *—* Days *—*

Sex *male* Color or Race *Black* Birth-place *Va.*

Occupation *Laborer* Where Residing if not at place of death *Sp. Pt.*

Married, Single or Widowed *Married* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Edw. Russell* How related to deceased *friend*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Dropsy* How long *2 or 3 years*

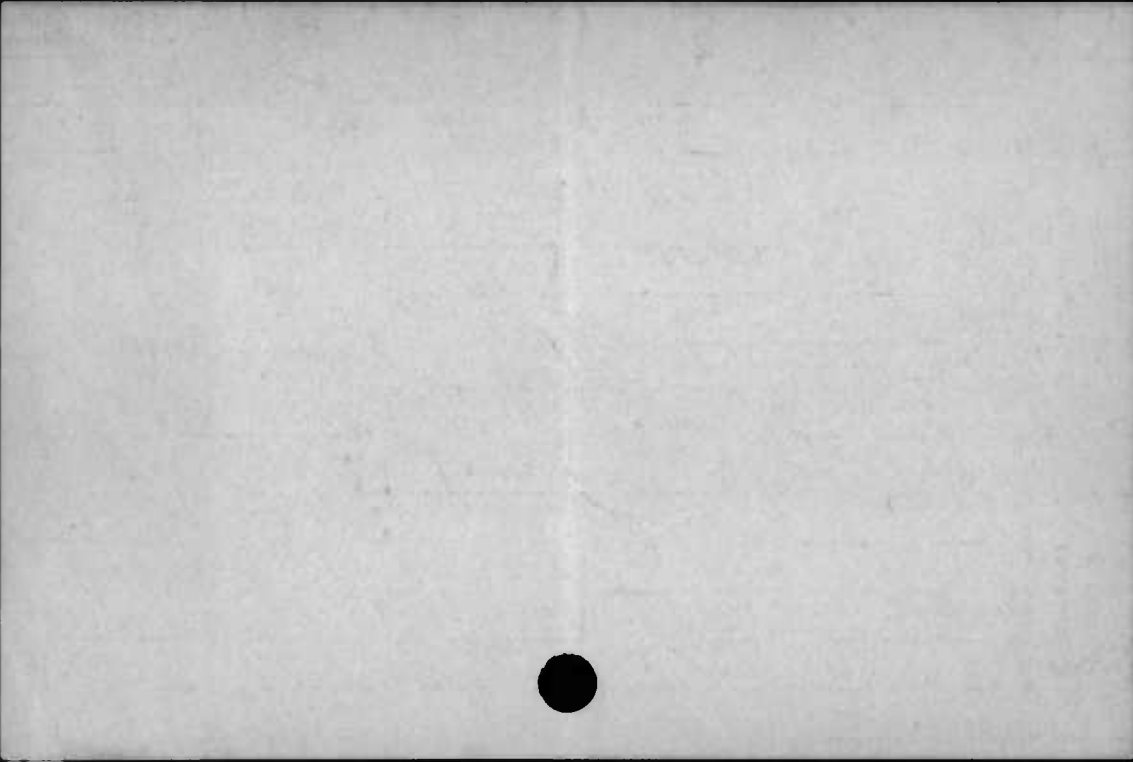
Immediate *exhaustion* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. C. McCormick*

Address *Sparrows Point Md*

Accident or Suicide? *no* *Md.*



Name  
in  
Full

## CERTIFICATE OF DEATH

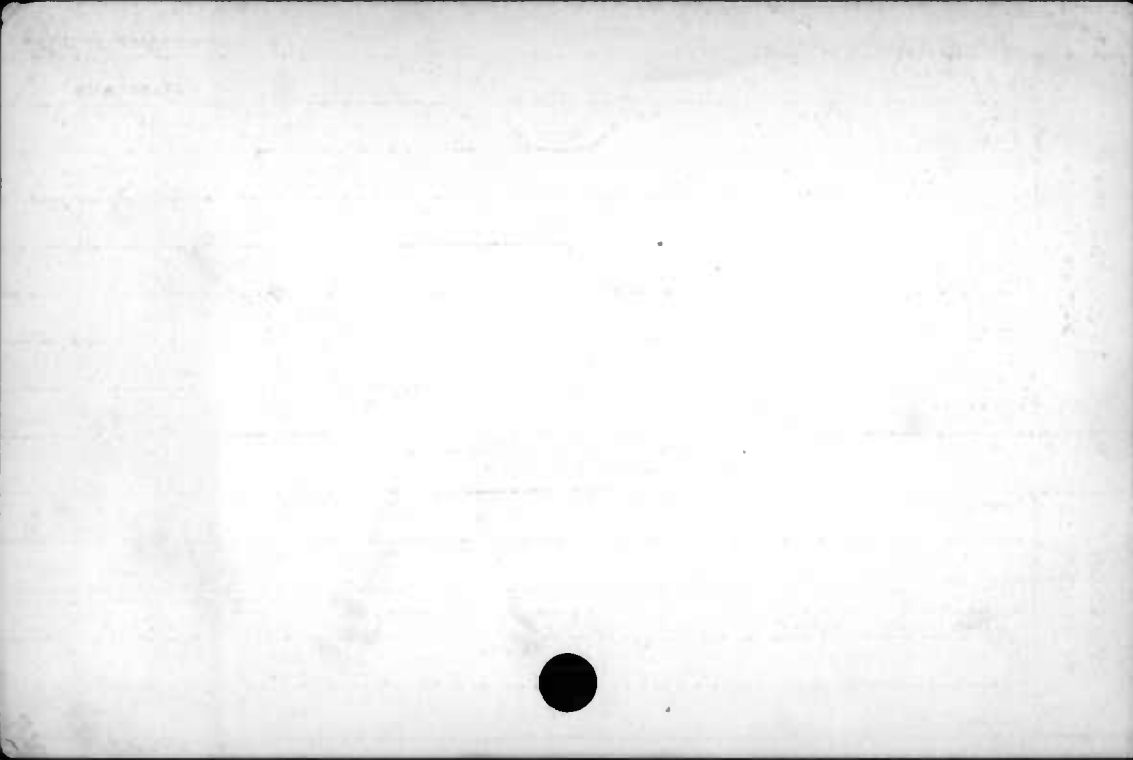
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hollings Ferry road Balt Co.</i>		County <i>Baltimore</i>		MARYLAND			
Date of death	<i>1905</i>	Month <i>Feb.</i>	Day <i>10</i>	Age <i>39</i>	Years <i>39</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Dorchester Co. Md.</i>					
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Philip J. Grehl</i>						
Father's Name <i>William J. Webster</i>	Father's Birthplace <i>not known</i>						
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>not known</i>						
Name of person giving information <i>Her Husband</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption of Lungs</i>	How long <i>95</i>	<i>4</i>	<i>hours</i>
Immediate <i>Heart failure</i>	How long		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Muhl</i>		
	Address <i>Lanodorus. Md.</i>		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>7</i>		Age <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Where Residing if not at place of death <i>Philp Road</i>	
Occupation <i>—</i>		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>MA</i>	
Father's Name <i>Louis Kereach</i>		Mother's Maiden Name <i>Mary</i>		How related to deceased <i>none</i>		Mother's Birthplace <i>MA</i>	
Name of person giving information <i>Caroline Betty</i>		Accident or Suicide? <i>—</i>		Signature of Physician <i>Coroner John F. Muelley</i>		Address <i>416 P. Donnell St</i>	

## CAUSES OF DEATH

Primary <i>Spasms</i>	How long <i>Five hours</i>
Immediate <i>"</i>	How long <i>"</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

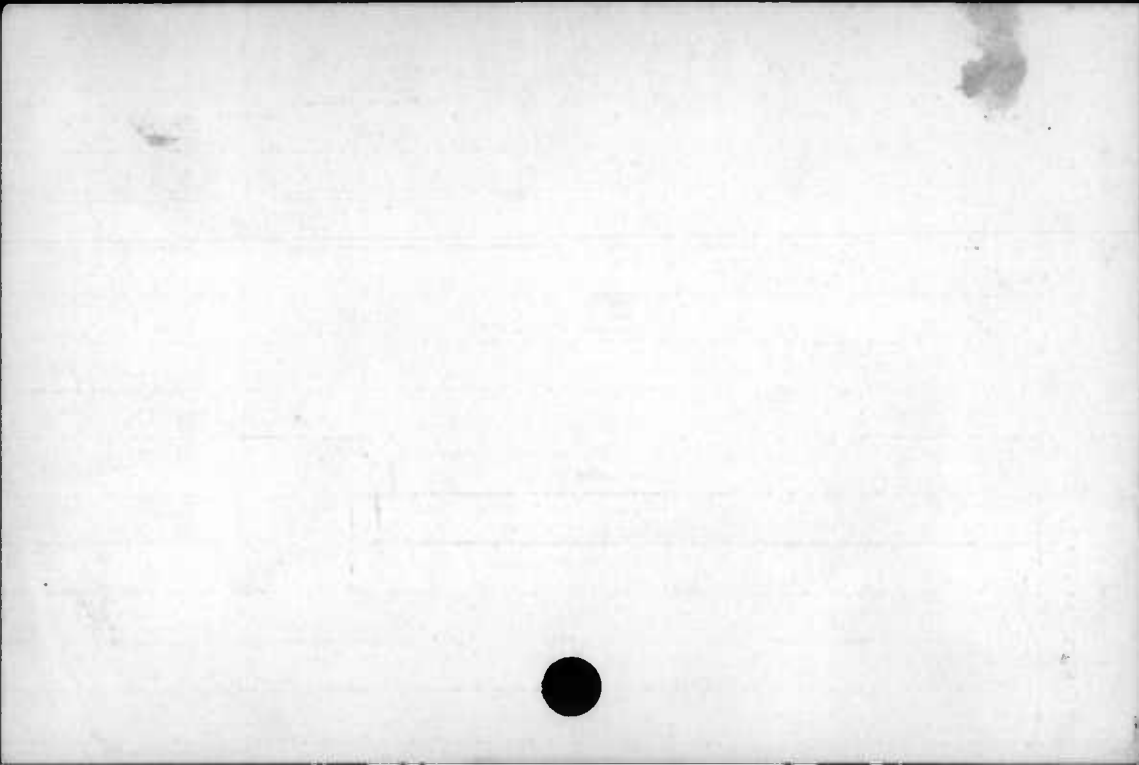
Address

*416 P. Donnell St*

Accident or Suicide?

Mr Carmel  
C. Miller

Name in Full		Giese, J. Henry.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Calonsville		Putts.		MARYLAND	
	Date of death	1905	Feb	3	Age	80	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Merchant		Where Residing if not at place of death		X	
	Married, Single or Widowed	Married		Name of Wife		Catherine J. Giese	
	Father's Name	L. W. Giese		Father's Birthplace		Germany	
	Mother's Maiden Name	X		Mother's Birthplace		X	
	Name of person giving information	Florence Giese		How related to deceased		X Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Senile Melancholia		How long	3 yrs.		
	Immediate	Valvular Dis of Heart		How long	3 mos.		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?		No.		Wm. K. Kade Calonsville		





Name  
in Full

*Francisco Goettner,*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perry Hall</i> Town		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Feb.</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Same as above</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Goettner</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Francisco Snyder</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving Information			How related to deceased <i>90</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis - inflammation of bronchi (cords)</i>	How long	<i>Severe days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. J. Whitefort.</i>	
<i>Yes</i>		Address <i>Fullerton, Ind.</i>	
Accident or Suicide?			

*Emanuel*

Name  
in  
Full

*Wm Shiffin*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

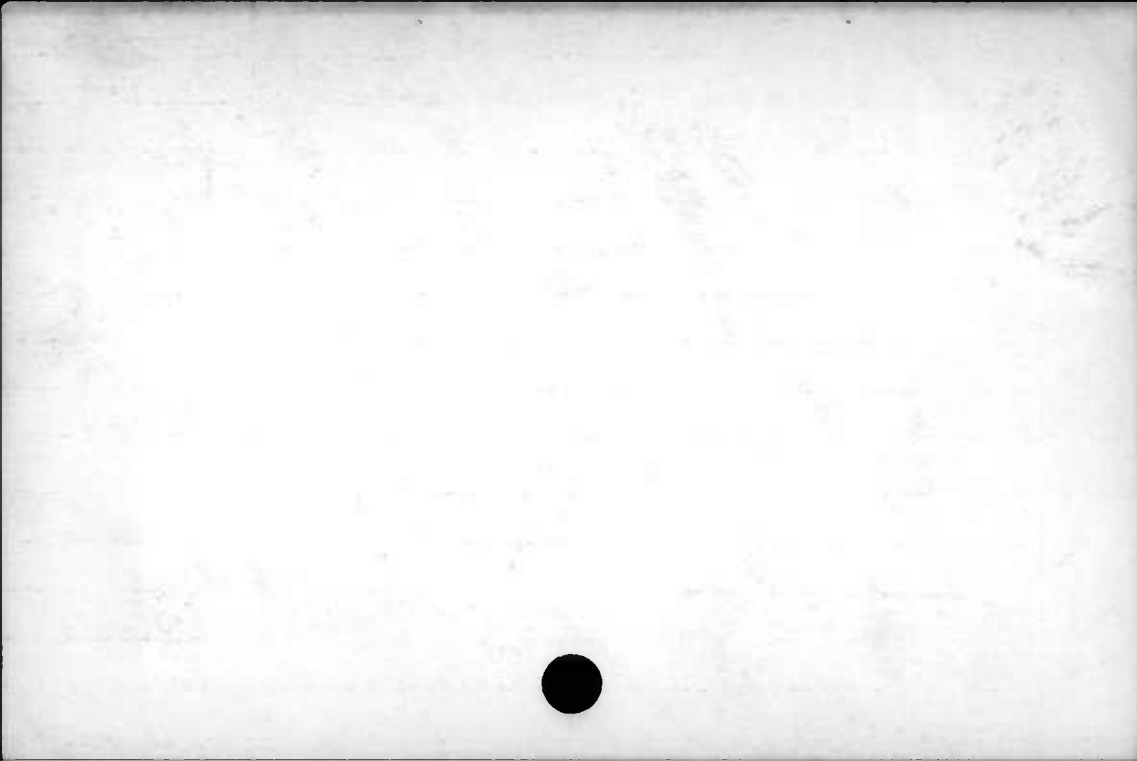
MARYLAND

Died at <i>Chase</i> Town		County <i>Balto.</i>			
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>87</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Louisa Blake</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John Shiffin</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Of family Heart Arteries</i>	How long	<i>2 years</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>ju</i>		Signature of Physician <i>E. T. Mason</i>	
		Address <i>Massachusetts</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Maria B Giegel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Arlington		County Barto		MARYLAND	
Date of death 1905		Month Feb	Day 17	Age	Years 8	Months 8	Days 10
Sex Female		Color or Race German		Birth-place Germany			
Married, Single or Widowed Widow		Occupation Farmers wife					
Name of Wife or Husband Lawrence Giegel							
Father's Name Don't know		Father's Birthplace Germany					
Mother's Maiden Name Don't know		Mother's Birthplace Germany					
Name of person giving information Mary & Minnie Giegel		How related to deceased Daughters					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Albuminuria	How long	6 months
Immediate	Uremia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Arlington	
Accident or Suicide			

George Benty  
London Park,

Name  
in  
Full

Carroll Haas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Canton		<sup>County</sup> Salto		MARYLAND	
Date of death 1903		Month Feb.	Day 1	Age 30	Months — Days —
Sex Male	Color or Race White	Birth-place Germany			
Occupation Labour		Where Residing if not at place of death			
Married, Single or Widowed Widowed	Name of Wife or Husband				
Father's Name Not known	Father's Birthplace Not known				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information John Haas	How related to deceased Son				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Hemiplegia	How long 6 years + 3 mo
Immediate Exhaustion	How long 4 years + mo
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. Schmitt
	Address 2429 Fair Ave
Accident or Suicide?	

Schoatha

W. Sanders son  
M. Carmel Cemetery



Name  
in  
Full

Frederica Haberkorn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis Road</i>		Town <i>Ball</i>		County		MARYLAND	
Date of death 190 <i>5</i> -		Month <i>2</i>	Day <i>15</i>	Age <i>7</i>	Years <i>1</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband <i>Frederick Haberkorn</i>							
Father's Name <i>Miller</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Frieden</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>May Stockhausen</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Hall</i>
	Address <i>1212 W. Main</i>
Accident or Suicide? <i>No</i>	

2 Glouven & Son.

Cedar / Hill

Name  
in  
Full

CERTIFICATE OF DEATH

Margaret Hall

Died at *Cella* <sup>Town</sup>

*Baltimore* <sup>County</sup>

MARYLAND

Date of death *1905 Feb*

Day *1*

Age *55*

Months *—*

Days *—*

Sex *Female*

Color or Race *Colored*

Birth-place *Fredrick Co*

Occupation *Midwife*

Where Residing if not at place of death *Cella Baltimore Co*

Married, Single or Widowed *Married*

Name of Wife or Husband *Chadrick Hall*

Father's Name *Philip Simpson*

Father's Birthplace *Fredrick Co*

Mother's Maiden Name *Margaret Simpson*

Mother's Birthplace *" "*

Name of person giving information *Jacob Hall*

How related to deceased *son*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Hanley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lutherville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1905-	<i>February</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>90</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
<del>Married, Single or Widowed</del>			Occupation <i>at-home</i>		
Name of Wife or <del>husband</del> <i>Mary Hanley</i>					
Father's Name <i>Tauby</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Richard Hanley</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>4</i>
Immediate <i>Heart failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Chalmer Peables</i>
	Address <i>Lutherville Md</i>
<del>Accident or Suicide?</del>	

Martin Fahy & Son

Mt Maria Tavern

Name  
in  
Full

Hanna

## CERTIFICATE OF DEATH

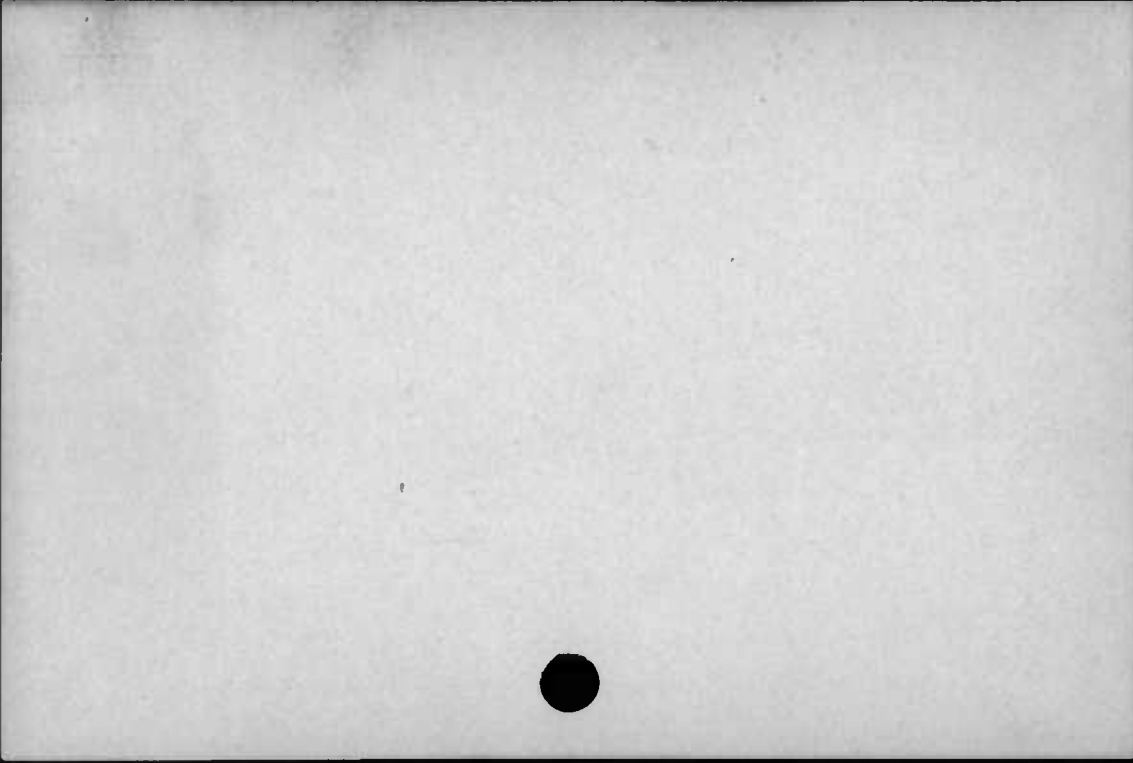
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Garrison</i>		Town		<i>Batto</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>2</i>		Day <i>11</i>		Age <i>76</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Garrison</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>George Hanna</i>		Father's Birthplace <i>Batto Co Md</i>							
Mother's Maiden Name <i>Annie Keys</i>		Mother's Birthplace <i>Batto Co Md</i>							
Name of person giving information <i>George Hanna</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mononucleosis</i>		How long <i>2 days</i>	
Immediate <i>11</i>		How long <i>11</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W O E Nye</i>	
		Address <i>Pikeville</i>	
Accident or Suicide?			





Name  
in  
Full

Elsie Hanna

## CERTIFICATE OF DEATH

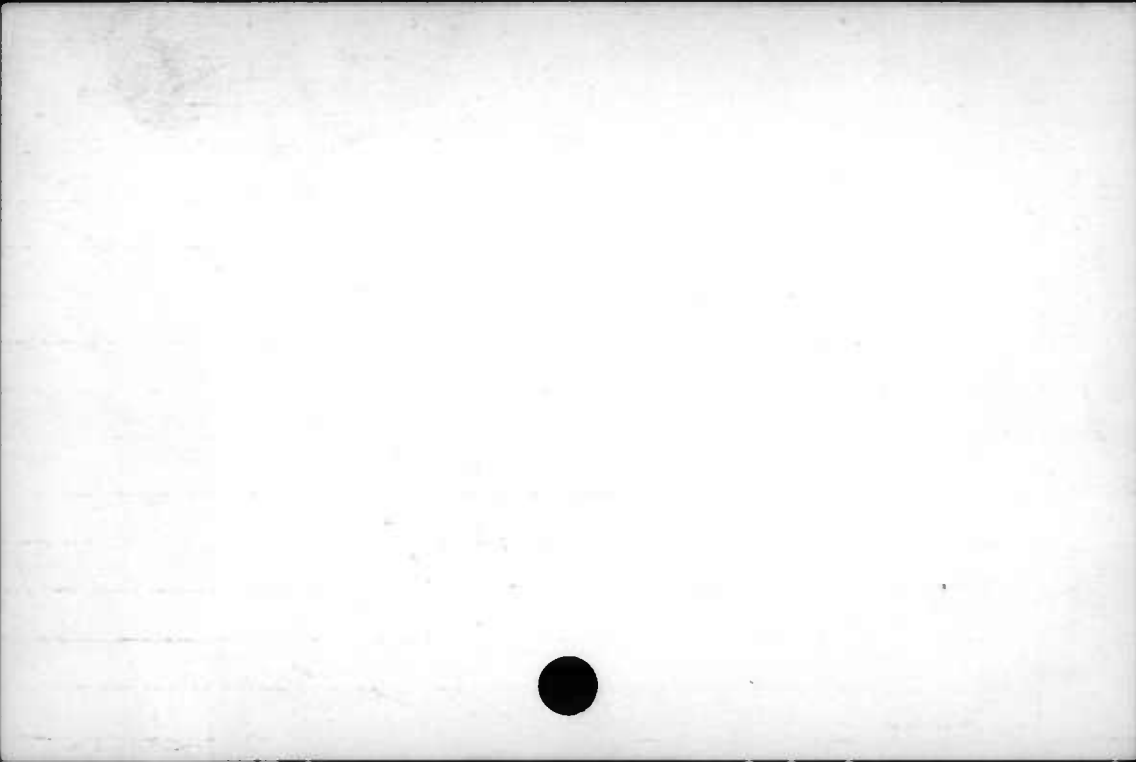
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Berrymith		County Baltimore		MARYLAND	
Date of death	1905	Month Feb.	Day 3	Age	8 y 00	Months 10	Days 12
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Joshua Hanna				Father's Birthplace	md.
Mother's Maiden Name		Evy Miller				Mother's Birthplace	md.
Name of person giving In formation		C. K. Slader				How related to deceased	none.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Tubercular Meningitis	How long	4 days
Immediate	same	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. M. Millard	
Address		Shaner	
Accident or Suicide?		md.	



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Chas Thomas Henderson

Resided at Shippensburg

County Balto

Date of death 1905 2 12 Age 60 Months 2 Days

Sex Male Color or Race White Birthplace

Occupation Shoemaker Where Residing if not at place of death Black Horse

Married, Single or Widowed Married Name of Wife or Husband Anniah Tucker Henderson

Father's Name Archibald Henderson Father's Birthplace Black Horse

Mother's Maiden Name Susanna Gorsuch Mother's Birthplace Long Green

Name of person giving information Edward Henderson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary La Grippe 10 How long 1 week

Immediate Pneumonia 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. T. Burrell Address 1 Corbett

Accident or Suicide? No



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Levis E Herr

## CERTIFICATE OF DEATH

MARYLAND

Died at *Baltimore* Town

County

Date of death *1908* Month *2*Day *14*Age *19* Years

Months

Days

Sex *male*Color or Race *white*Birth-place *md*Occupation *Laborer*Where Residing if not at place of death *Clearspring md*

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Rudolph Herr*Father's Birthplace *md*Mother's Maiden Name *Margaret Pearl*

Mother's Birthplace

Name of person giving information *L. P. Snyder*How related to deceased *None*

## CAUSES OF DEATH

Primary *Osteo-myelitis*How long *8 to 10 weeks*Immediate *Sepsis inducing heart failure*How long *6 to 12 hours*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*L. J. Mason, M. D.,  
Clearspring, md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

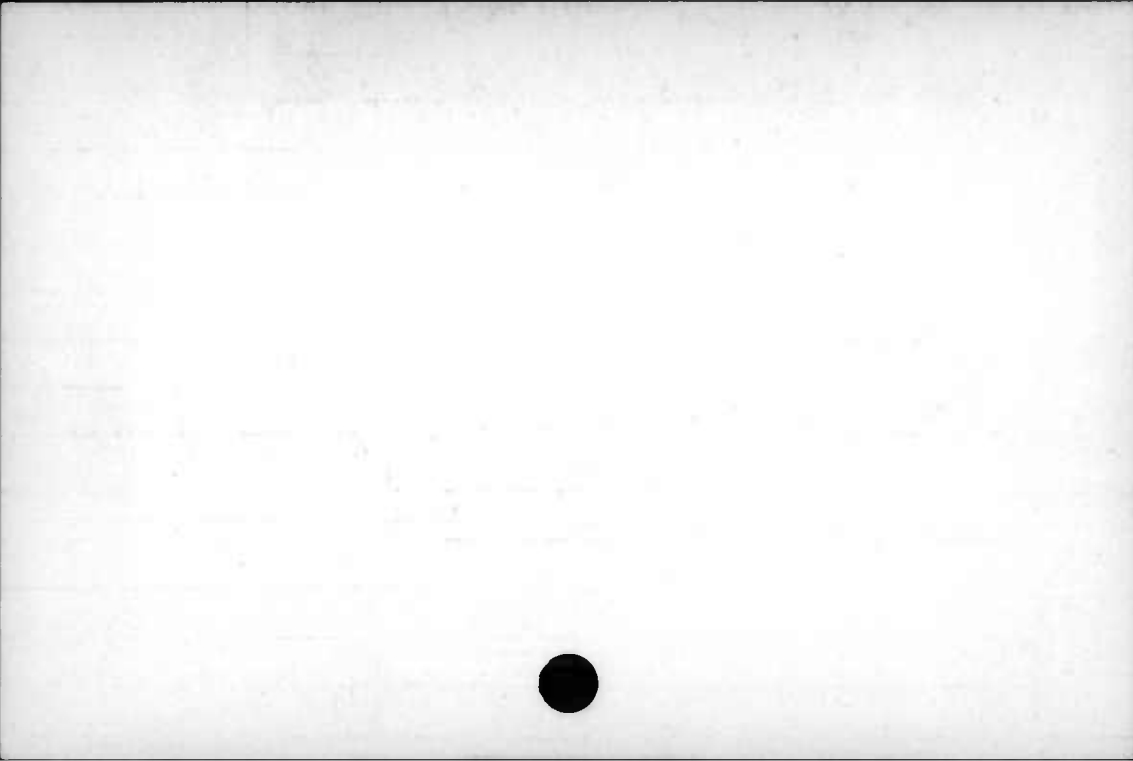
MARYLAND

Died at		Town		County	
Ms Hope Retreat		Baltimore		City	
Date of death	1905	Month	Feb.	Day	24
Age	45	Years		Months	
Sex	Female	Color or Race	White	Birth-place	unknown,
Occupation	Religious		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name		"		Father's Birthplace	
Mother's Maiden Name		"		Mother's Birthplace	
Name of person giving information		Recds Ms Hope		How related to deceased	
				Not at all	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pul - Tuberculosis	How long	abt. one year
Immediate	Exhaustion	How long,	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. J. Flannery
		Address	Ms Hope Retreat
Accident or Suicide?			





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Infant Hues

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *near Ruststown* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death <sup>Month</sup> *Feb* <sup>Day</sup> *20* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *2*

Sex *Female* Color or Race *Colored* Birth-place *Batts co Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Hanson Hues* Father's Birthplace *Batts co Md*

Mother's Maiden Name *Florine E Wilson* *15* Mother's Birthplace *Batts co Md*

Name of person giving information *Florine E Wilson* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Lack of development* *150* How long *—*

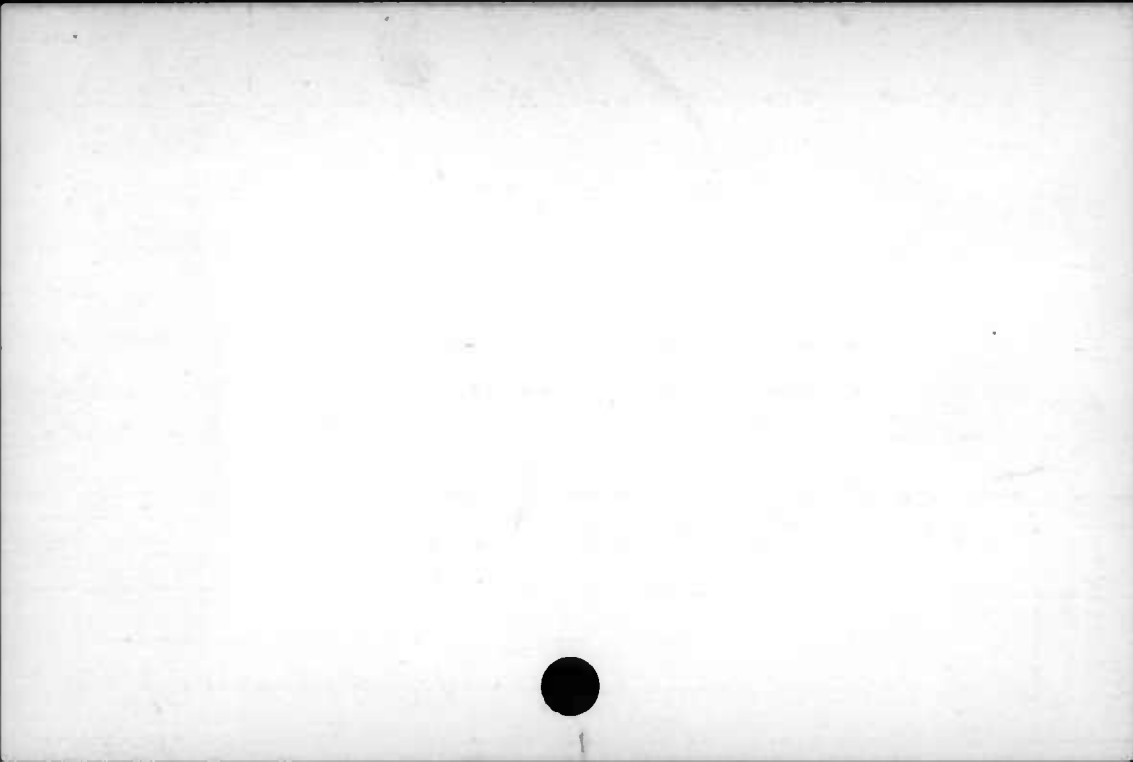
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

William Hunter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		St. Agnes' Hospital		Baltimore, MARYLAND	
Date of death	1905	Month	Feb.	Day	26
Sex	Male	Color or Race	White	Age	44
Occupation	Bailer Maker		Where Residing if not at place of death	613 Thyrath St.	
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Cause of Death: *Cirrhosis Liver*

How long

Immediate Cause of Death: *General Complications*

How long

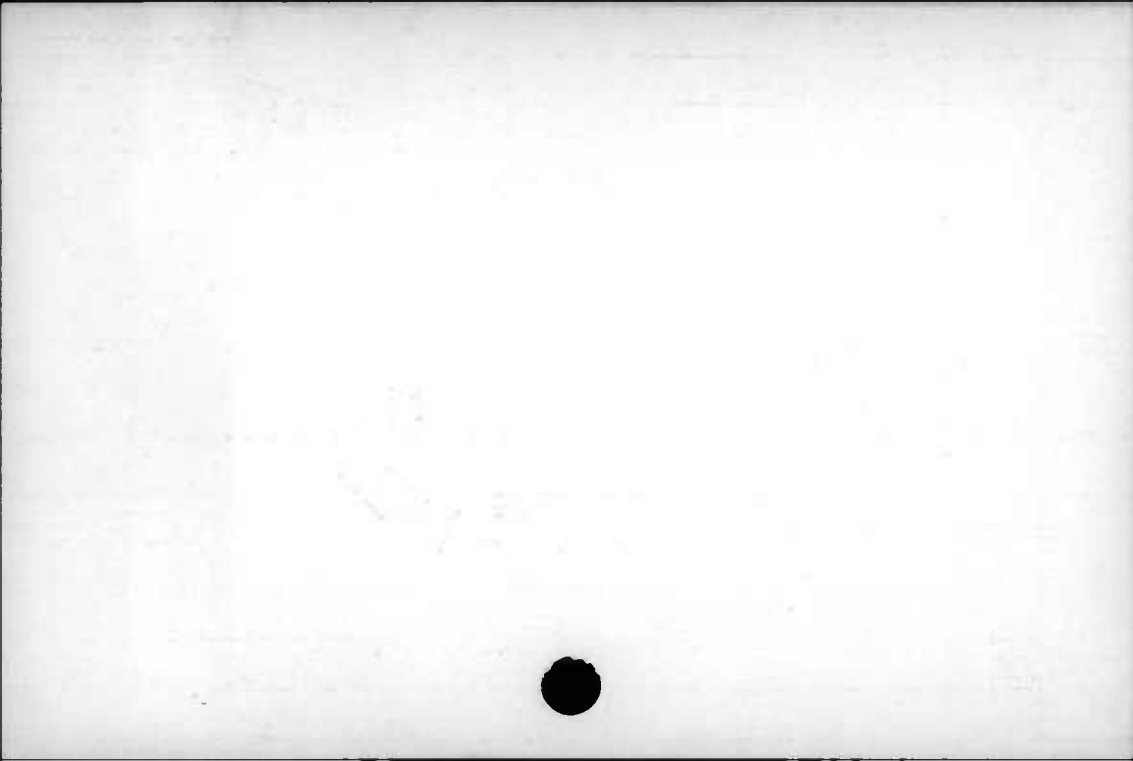
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*J. T. Mara M. D.*  
*St. Agnes Hospital*



Name  
in  
Full

Annie M. Ingles.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Woodbrook <sup>County</sup> Balto

Date of death 1905 Feb 14 Age 82 1 Months 3 Days

Sex Female Color or Race White Birth-place

Occupation — Where Residing if not at place of death Baltimore City

~~Married Single~~ or Widowed Widow Name of Wife or Husband

Father's Name Charles Peters Father's Birthplace Indiana Co. Ind.

Mother's Maiden Name Mary Stewart Mother's Birthplace Annapolis Md.

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Smutty 104 How long

Immediate Acute Indigestion 104 How long a few hours.

Are the name, age, sex, color, date and place correctly given above? Geo Signature of Physician Geo H. Hooking

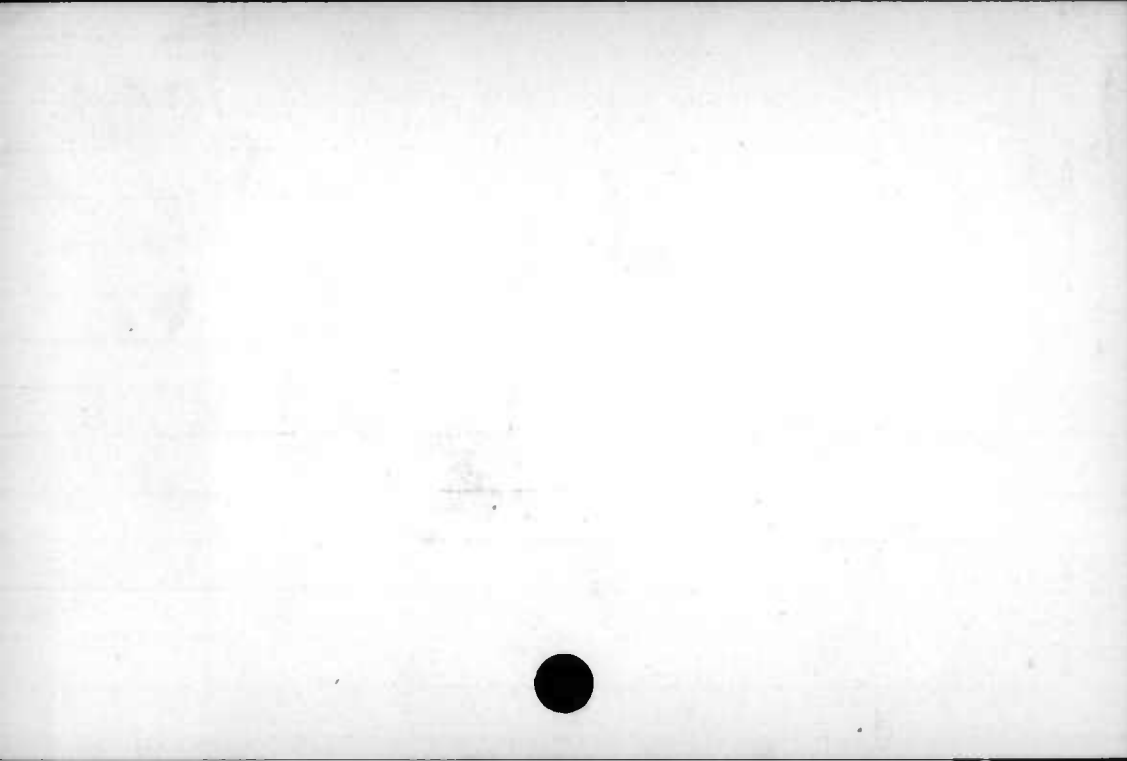
Address Sta H. Baltimore Md

Accident or Suicide? Same.

E. Madison Mitchell  
Baltimore Md

Western Cemetery

Name in Full: Gertrude Ireland		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>St Hope Retreat</i> <sup>Town</sup> <i>Baltimore</i> <sup>County</sup>		MARYLAND
	Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>26<sup>th</sup></i> Years <i>25</i> Months <i>unknown</i> Days <i>unknown</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>
	Occupation <i>None</i>	Where Residing if not at place of death <i>504 St. Calhoun St Baltimore Md</i>	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Baltimore Md</i>	
	Father's Name <i>Unknown - John Ireland</i>	Father's Birthplace <i>Unknown</i>	
	Mother's Maiden Name <i>Mary Ann Ireland</i>	Mother's Birthplace <i>"</i>	
Name of person giving information <i>Recds of St Hope Retreat</i>	How related to deceased <i>Not at all</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Mamma Cancer</i>	How long <i>abt 15 or 18 mo</i>	
	Immediate <i>Ex. Pul. Tuberculosis</i>	How long <i>abt one year</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>	
	Accident or Suicide? <i>No</i>	Address <i>St Hope Retreat Baltimore Md</i>	





Name  
in  
Full

Thomas Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Gardenville<sup>County</sup> Bueh

Date of death 1905 Feb 19

Age 64

Months

Days

Sex male

Color or  
Race

Calend

Birth-  
place

Monyland

Occupation

Laborer

Where Residing if not  
at place of death

Gardenville

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Marviah Johnson

Father's  
Name

not known

Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

Wm Johnson

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Grippe

How long

1 week

Immediate

Congestion of lungs

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

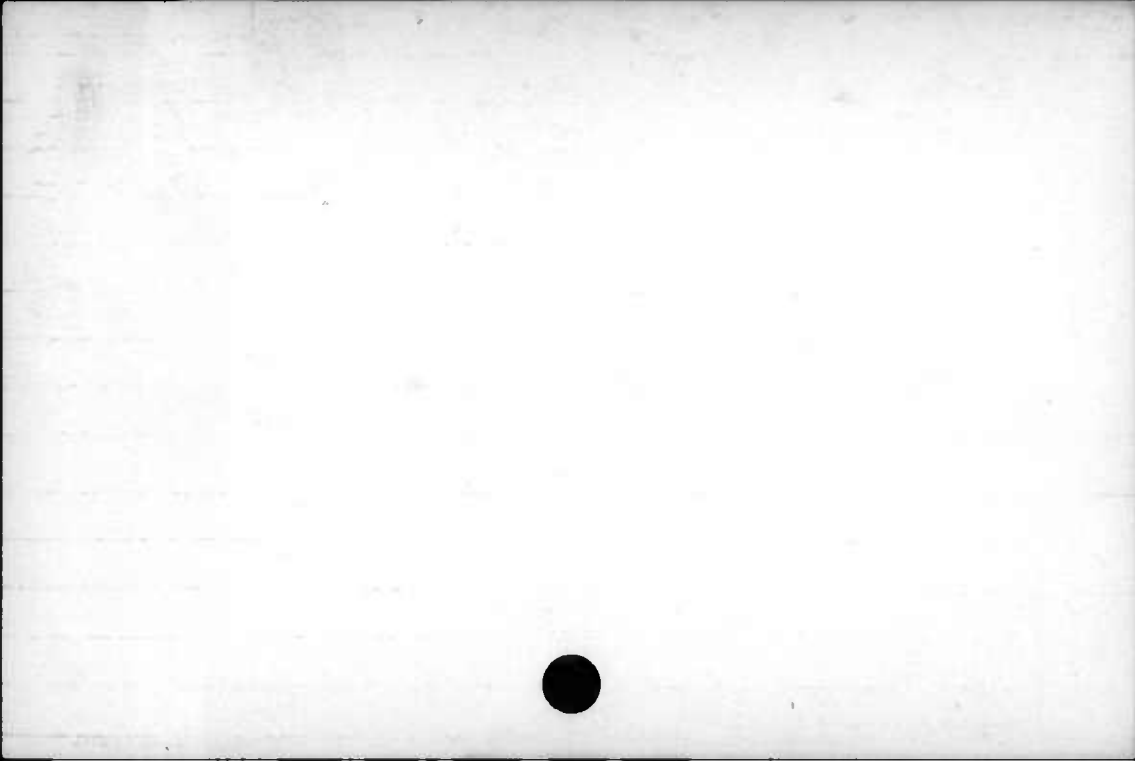
Wm D. Rose

Address

Gardenville  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

William B. Jordan

## CERTIFICATE OF DEATH

Died at 413 <sup>Town</sup> ~~Blainmont~~ An<sup>County</sup> Baer

MARYLAND

Date of death 1905 Feb

Day 6

Age 53

Months

Days

Sex Male

Color or Race

White

Birth-place

Baer, Me

Occupation

Labor

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Julia Jordan

Father's Name

John Jordan

Father's Birthplace

Ma

Mother's Maiden Name

Not Known

Mother's Birthplace

Ma

Name of person giving information

Benny Cook

How related to deceased

in Law.

## CAUSES OF DEATH

Primary

Chronic Pericarditis, rupture 2 yrs

How long

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. [Signature]  
3rd [Signature]  
Highlandtown

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1<sup>st</sup> Evangelical Sunday

H. Sander & son

Name  
in  
Full

John Keck

## CERTIFICATE OF DEATH

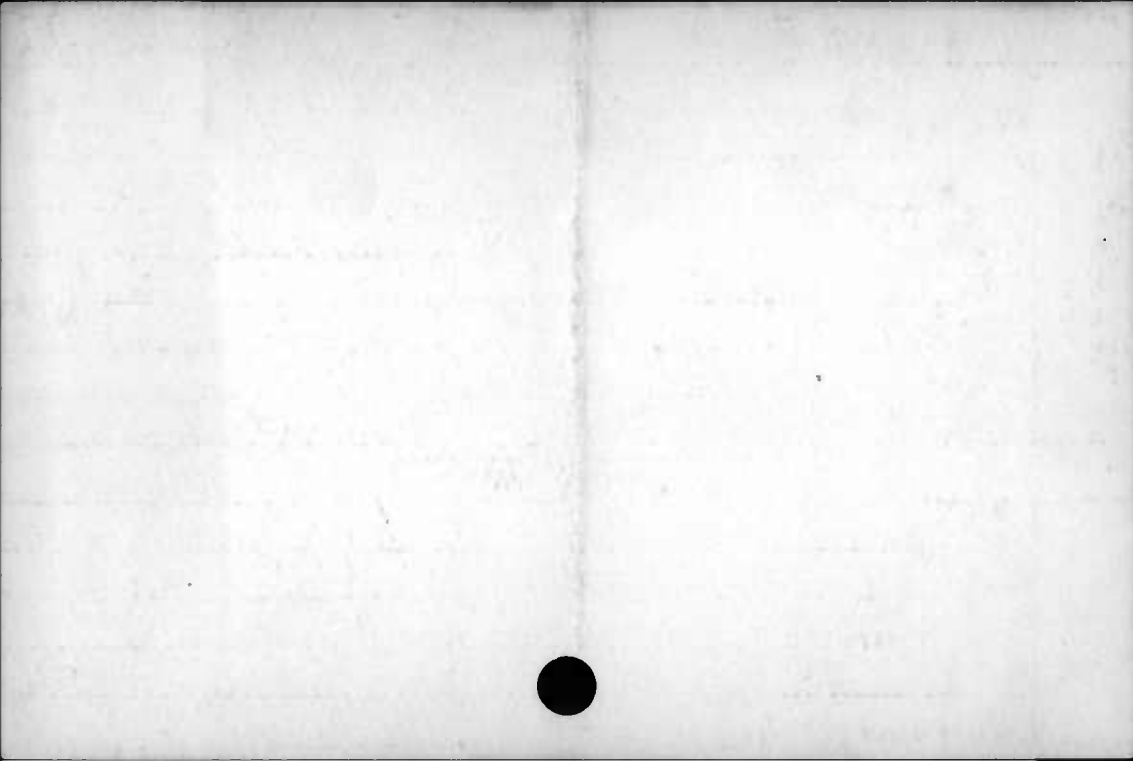
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Upperco		Baltimore					
Date of death 190	Month	Day	Age	Years	Months	Days	
5	2	6	80		5	25	
Sex	Color or Race		Birth-place				
Male	White		Bavaria				
Married, Single or Widowed			Occupation				
			Farmer				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Peter Keck				Bavaria			
Mother's Maiden Name				Mother's Birthplace			
Thaddeus Braun				" "			
Name of person giving information				How related to deceased			
Julia Belt				Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cold	How long	43
Immediate	Double Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. C. Wells	
		Address	
		Hampstead, Ind.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

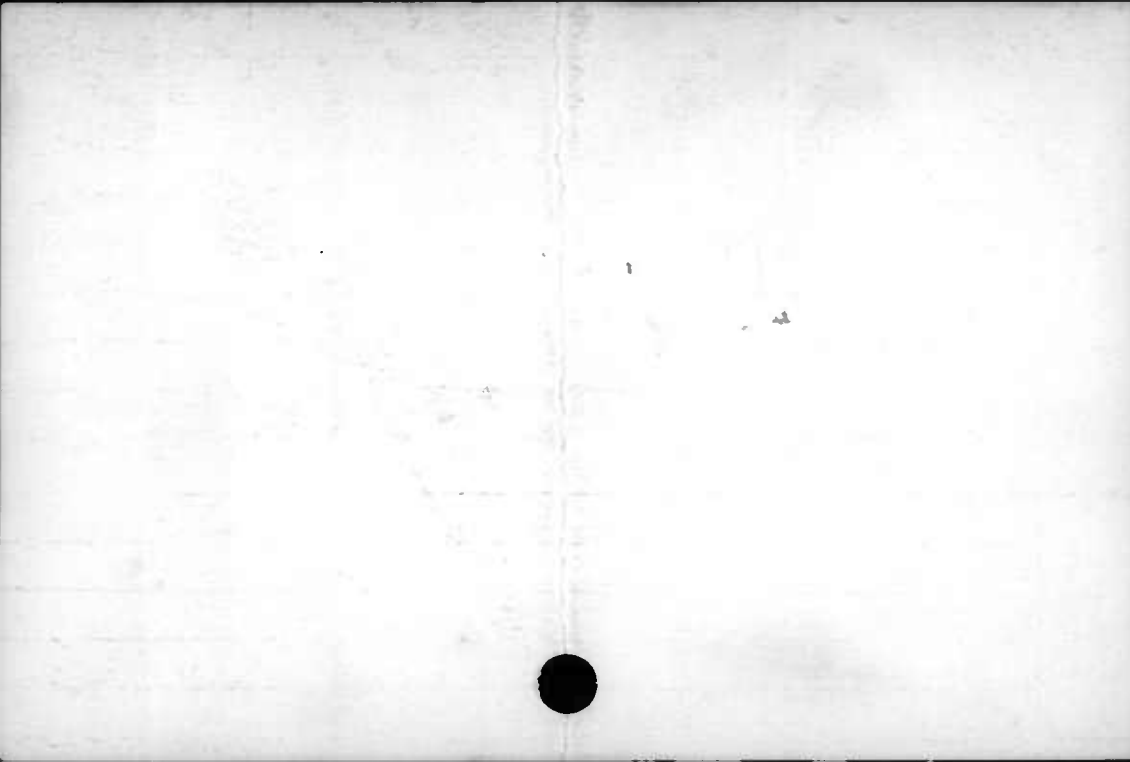
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoffmannville</i>			Town <i>Baltimore</i>			County <i>Baltimore</i>			MARYLAND					
Date of death		<i>1905</i>	Month <i>2</i>		Day <i>10</i>		Age <i>25</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Maryland</i>								
Occupation <i>Labor</i>						Where Residing if not at place of death								
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Lizzie Kellaugh</i>											
Father's Name <i>Lloyd H. Kidd</i>			Father's Birthplace <i>Maryland</i>											
Mother's Maiden Name <i>Susan Riley</i>			Mother's Birthplace <i>Maryland</i>											
Name of person giving information <i>Wm Kellaugh</i>			How related to deceased <i>Father-in-law</i>											

## CAUSES OF DEATH

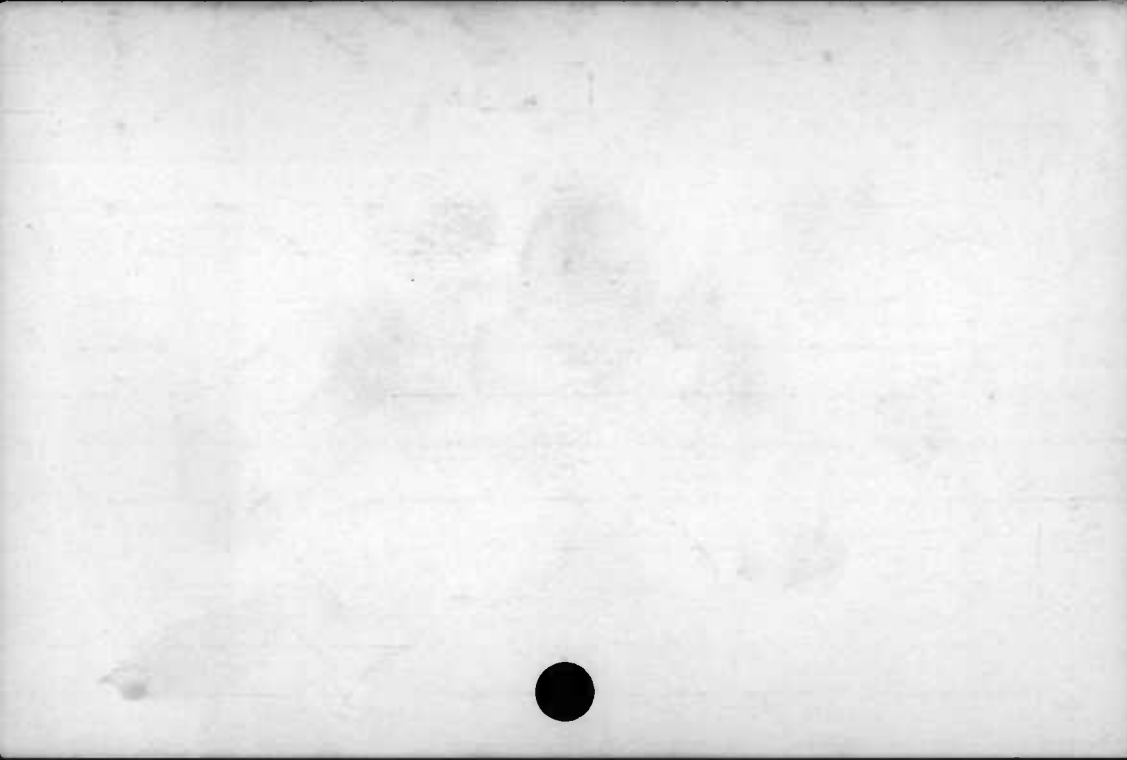
PHYSICIAN  
OR CORONER

Primary <i>Burn from explosion</i>		How long <i>27 hours</i>	
Immediate <i>Reflex action</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo J. Stone</i>	
		Address <i>New Freedom</i>	
Accident or Suicide?			





Name in Full		Mm Hisk				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Belfast		County		Balto		MARYLAND	
	Date of death 1905		Month 2		Day 2		Years 61		Months	
	Sex Male		Color or Race White		Birth-place		New Jersey			
	Married, <del>Single</del> or <del>Widowed</del>				Occupation				Labourer	
	Name of Wife or Husband				Ellen M Hisk					
	Father's Name				Robert Hisk				Father's Birthplace England	
	Mother's Maiden Name				Mary Hisk				Mother's Birthplace England	
	Name of person giving information				Ellen M Hisk				How related to deceased Wife	
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary						How long			
	Carcinoma of stomach						18 months			
	Immediate						How long			
	Carcinoma of stomach						3 months			
	Are the name, age, sex, color, date and place correctly given above?						Yes			
Signature of Physician						By J. B. Danzen				
Address						Epcheyville Md				
Accident or Suicide?						No				



Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Cocherim Klein*  
 Died at *Kleins Park* <sup>Town</sup> *Balto* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *2* <sup>Day</sup> *8* <sup>Years</sup> *32* <sup>Months</sup> *1* <sup>Days</sup> *14*

Sex *Female* Color or Race *White* Birth-place *N.Y.*

Occupation *Housewife* Where Residing if not at place of death

Married, *—* Name or Wife or Husband *Wm. J. Klein*

Father's Name *John East* Father's Birthplace *Germany*

Mother's Maiden Name *Catherin Cole* Mother's Birthplace *Ind*

Name of person giving information *Catherin Cole* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Suppurating Uterine Fibroid Tumor* How long *3 week*

Immediate *Septicemia*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. S. Hall*  
*Int. Minus*

Accident or Suicide?

Athen  
Bar & Whiskey

Name  
in  
Full

Joseph Klein

CERTIFICATE OF DEATH

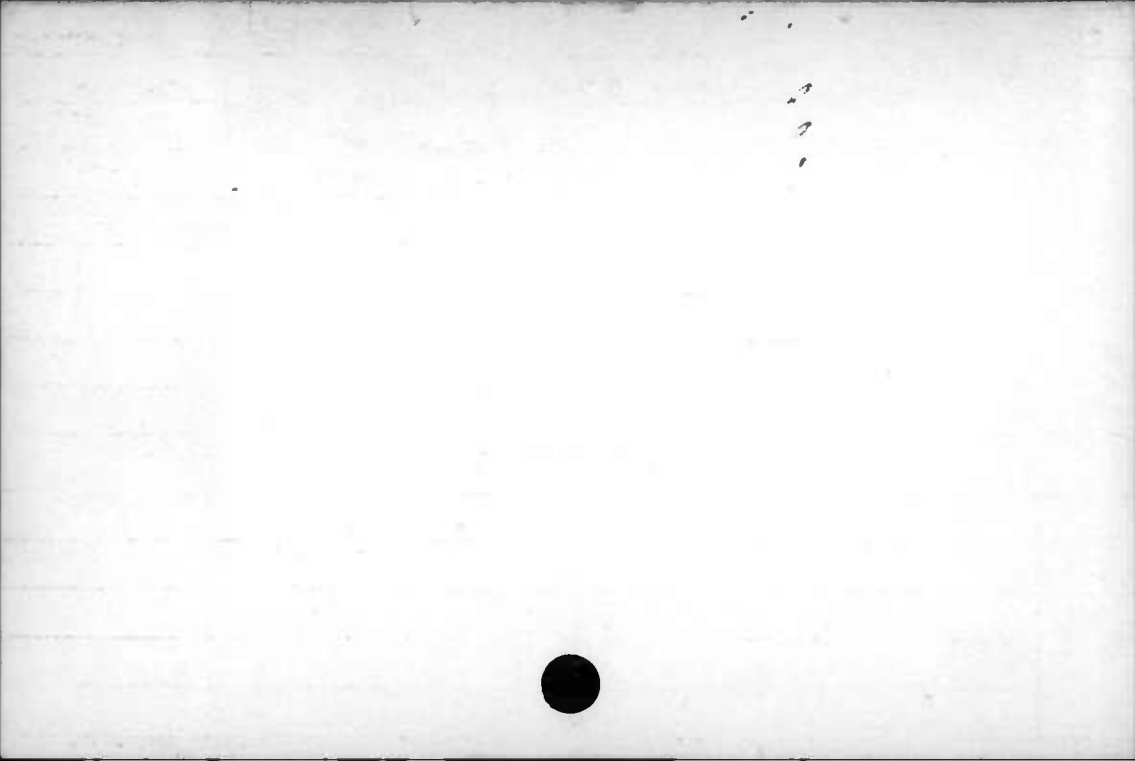
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rosedale</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb.</i>	Day <i>19</i>	Years <i>76</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation			Where Residing if not at place of death <i>Rosedale</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Mary Stark</i>			Mother's Birthplace		
Name of person giving information <i>Geo. Klein</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. D. Case M.D.</i>	
		Address <i>Gardenville.</i>	
Accident or Suicide?			



Name  
in  
Full

Albert Theobalds

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hoffmanville</u> Town <u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>2</u> Day <u>8</u> Age <u>24</u> Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>York &amp; R</u>	
Married, Single or Widowed <u>Single</u>	Occupation <u>Laborer</u>		
Name of Wife or Husband			
Father's Name <u>John Krebs</u>		Father's Birthplace <u>Pa</u>	
Mother's Maiden Name		Mother's Birthplace <u>P</u>	
Name of person giving information <u>John Krebs</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>12 hours</u>
Immediate <u>Hemorrhage</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. H. H. H.</u>
	Address <u>New Freedom Pa</u>
Accident or Suicide?	





Name  
in  
Full

Frank Lineweber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town		<i>Balto</i>		County	
Date of death <i>1905</i>		<i>2</i>		<i>6</i>		Age	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co.</i>		Months	
Occupation		Where Residing if not at place of death <i>419 Bank St.</i>		Years		Days	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Balto</i>	
Father's Name <i>August Lineweber</i>		Mother's Maiden Name <i>Katie Hetcher</i>		How related to deceased <i>Father</i>		Name of person giving information <i>August Lineweber</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>S.</i>	How long	
Immediate	<i>Primature Birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of <i>Mrs Annie M. Girus</i>	
		Address <i>6 N. Port St.</i>	
Accident or Suicide?			

St. Paul km.  
J. Herwig & Son  
Feby 7/00-

Name  
in  
Full

## CERTIFICATE OF DEATH

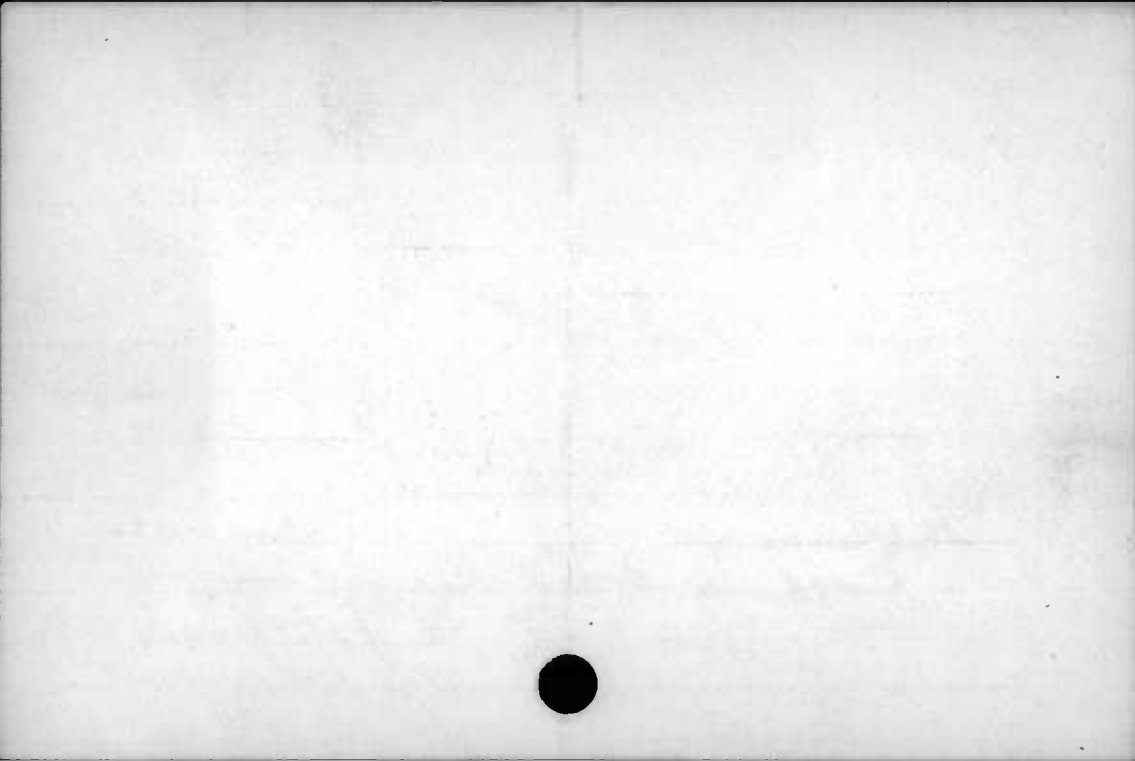
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>George Logan</i>		Town <i>Highlandtown</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>2</i>		Day <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>—</i>		Years <i>—</i>	
Birth-place <i>Highlandtown</i>		Months <i>—</i>		Days <i>1</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>212 Gough</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Theodore Logan</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Louisa Bent</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Theodore Logan</i>		How related to deceased <i>Father.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hydrocephalus.</i>	How long	<i>1 day.</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Geo. L. Traynor</i>
		Address	<i>212 Gough</i>
Accident or Suicide?	<i>No</i>		<i>Highlandtown</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John E. Lynch</i>		Town <i>Grange</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Grange</i>		Month <i>2</i>		Day <i>25</i>		Years <i>82</i>	
Date of death 190 <i>5</i>		Month <i>2</i>		Day <i>25</i>		Age <i>82</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Pennsylvania</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Gardener</i>					
Name of Wife or Husband <i>Jane Lynch</i>							
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>Jane Lynch</i>		How related to deceased <i>Wife</i>					
		CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	How long <i>about 4 weeks</i>
Immediate <i>Cordiac Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Williams M.D.</i>
	Address <i>1114 Chesaapeake St.</i>
Accident or Suicide? <i>Neither</i>	

Mount Carmel  
H. Sander & Sons

Name  
is  
Full

## CERTIFICATE OF DEATH

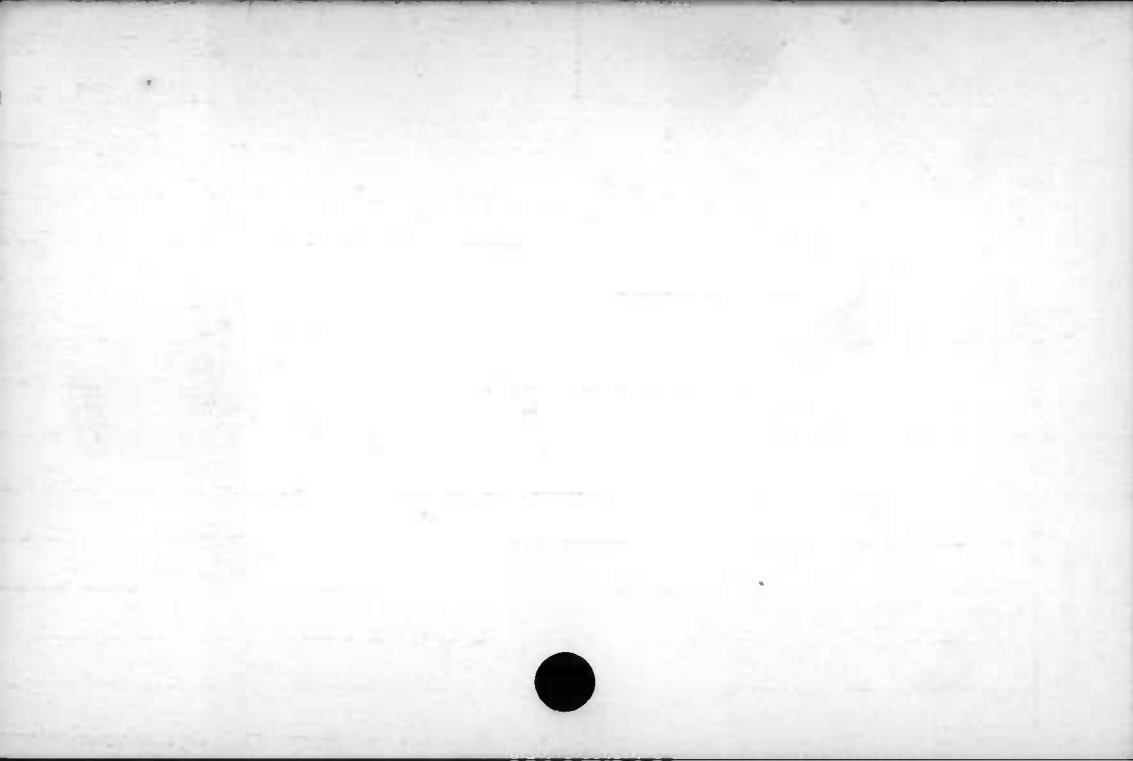
TO BE ANSWERED BY  
NEAREST FRIEND

John Walter M. <sup>rs</sup> Clelland		County		MARYLAND	
Died at		Buck River Station Balto			
Date of death		1905	Feb	9	Age
		5'		3'	9
Sex		Male		Color or Race	White
Occupation		None		Birth-place	Balto Co
Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		W. M. <sup>rs</sup> Clelland		Father's Birthplace	
Mother's Maiden Name		Eliza Earl		Mother's Birthplace	
Name of person giving information		W. M. <sup>rs</sup> Clelland		How related to deceased	
				Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	3 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. L. Burkard M.D.
		Address	916 J. Canton St Baltimore
Accident or Suicide?	No		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Baltimore* <sup>Town or City</sup> *Baltimore* <sup>County</sup>Date of death *1905* <sup>Year</sup> *Feb.* <sup>Month</sup> *2* <sup>Day</sup> Age *47* <sup>Years</sup> Months DaysSex *Male* Color or Race *White* Birth-place *Ireland*Occupation *Laborer* Where Residing if not at place of death *M. M. Joseph's College*Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Cancer of Liver*  
*Exhaustion*

How long

*about four mo.*

Immediate

Are the name, age, sex, color, date and place correctly given above?

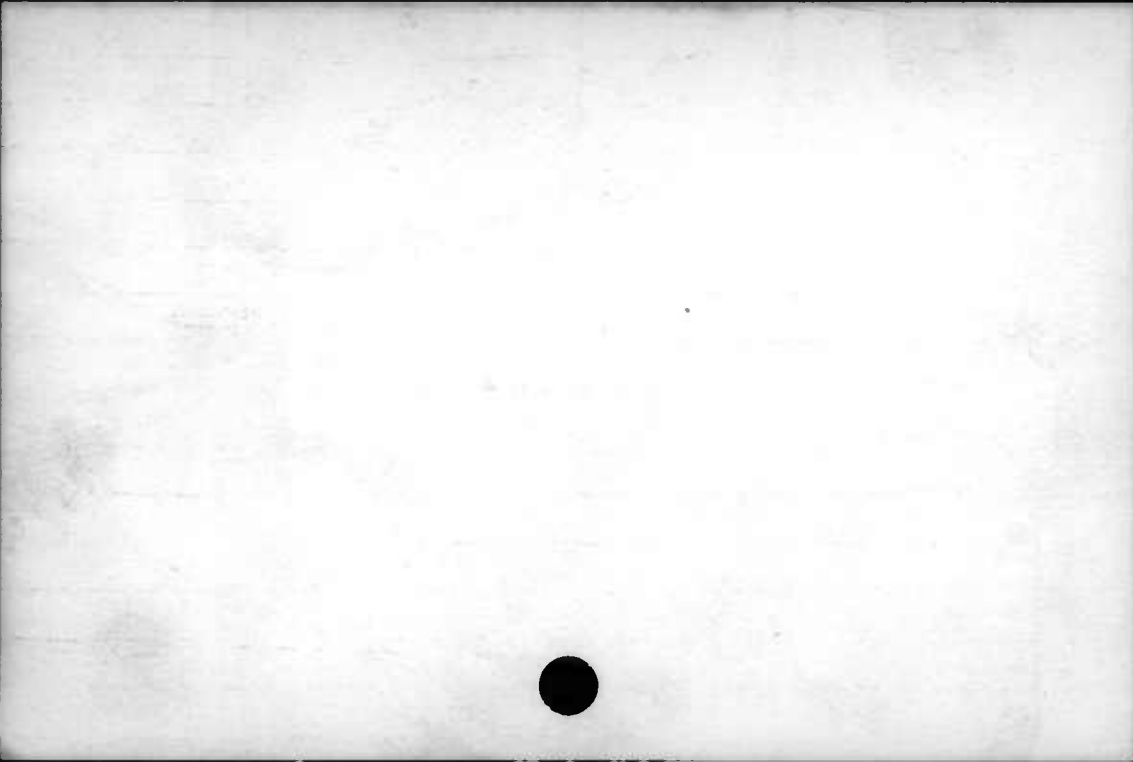
*Yes*

Signature of Physician

Address

Accident or Suicide?

*John B. Volkyday M.D.*  
*714 Frederick ave*  
*1 Baltimore*



Name  
in  
Full

Catharine M. Ginnis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Texas</i>		Town <i>Balto.</i>		County		MARYLAND	
Date of death 1905	Month <i>Feb</i>	Day <i>26</i>	Age <i>65</i>	Years <i>4</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Married Single or Widowed <i>Married</i>	Occupation <i>Domestic</i>						
Name of Wife or Husband <i>Joe M. Ginnis</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Son</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma + Valvular Disease of Heart</i>	How long <i>2 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>D. F. Bunn</i>
	Address <i>Texas Mo.</i>
Accident or Suicide?	

Interment Feb. 28  
at St Joseph Cemetery  
Lafayette Ind

M. C. B.

Please return permit

Name  
in  
Full

Gurford McLaughlin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gorham		County Baltimore		MARYLAND	
Date of death	1905	Month Feb.	Day 6	Age	2	Months 6	Days
Sex	male		Color or Race	white		Birth-place	Baltimore City
Occupation				Where Residing if not at place of death		Ready Care York Road	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Gurford McLaughlin		Father's Birthplace	
Mother's Maiden Name				Mary E Miller		Mother's Birthplace	
Name of person giving information				Ralph McLaughlin		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchopneumonia	How long	3
Immediate	Convulsion	How long	24 h.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		F. E. Hesser	
		Address	
		1235 Patterson Road	
Accident or Suicide?			

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993, ~~\_\_\_\_\_~~

*St Mary's Cem - Govans Town*  
*Md*

Name  
in  
Full

William J Manohl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mr. Wm. Wm. Wm.</i>		Town <i>Balto</i>		County		MARYLAND					
Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>16</i>		Years <i>1</i>		Months <i>11</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Newark N.J.</i>							
Occupation <i>none</i>				Where Residing if not at place of death <i>Mr. Wm. Wm. Wm.</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>									
Father's Name <i>Michael J Manohl</i>		Father's Birthplace <i>Balto Md.</i>									
Mother's Maiden Name <i>Mary A Schultz</i>		Mother's Birthplace <i>Balto Md.</i>									
Name of person giving information <i>Mary A Manohl</i>		How related to deceased <i>mother</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>9 days</i>
Immediate <i>convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Knapp M.D.</i>
	Address <i>1002 W. Linnvale St Balto Md.</i>
Accident or Suicide?	

Geo. Seimbach

Souden Park,

---



Name in Full		Joseph R. Marston				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lutherville <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND
	Date of death	1905	Month	Feb	Day	21 <sup>st</sup>	Age 91
	Sex	Male		Color or Race	White		Birth-place
	Occupation	retired		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Sarah Marston		Father's Name		James Marston		
	Sarah Roby		Mother's Birthplace		Baltimore		
PHYSICIAN OR CORONER	Name of person giving information		Henry W. Marston		How related to deceased		Graud Nephew
	CAUSES OF DEATH						
	Primary	Old age				How long	15X
	Immediate	Bronchitis				How long	on a week
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					J. Chalman Peckles		
					Address		
				Lutherville Md			
Accident or Suicide?							

Henry W. Jenkins & Sons. Co

Funeral Directors

# 233 W. Saratoga St

- Balto Md

Funeral Feb 23<sup>rd</sup>

to Green Mount. Cem.

Name  
in  
Full

George Matthew Mayer.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Canton		Balto.					
Date of death	1905	Month	Feb.	Day	16	Years	27
Sex	male	Color or Race	white	Months	—	Days	1
Occupation	Laborer			Where Residing if not at place of death	416 S. East St.		
Married, <del>Single</del> <del>Widowed</del>	Name of Wife or Husband			Marguerite			
Father's Name	Mathew			Father's Birthplace	Germany		
Mother's Maiden Name	not ascertainable			Mother's Birthplace	Germany		
Name of person giving information	wife.			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis Florida	How long	4 1/2 mos.
Immediate	Septicemia & exanthema	How long	about a week.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	J. H. Wright.
		Address	1023 Canton St. Balto Md.
Accident or Suicide?			

C. Schuch

M. Carmel Cern.

Name in Full <b>Mary Merling</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Highlandtown</b> <small>Town</small>		<b>Balti</b> <small>County</small>
	Date of death <b>1905</b> <small>Month</small> <b>2</b> <small>Day</small> <b>6</b>		<b>49</b> <small>Years</small>
	Sex <b>Female</b>		Color or Race <b>White</b>
	Occupation <b>Housewife</b>		Birthplace <b>Germany</b>
	Where Residing if not at place of death <b>1316 - 4<sup>th</sup> St.</b>		
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>A. Frank Merling</b>	
	Father's Name	Father's Birthplace <b>Germany</b>	
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <b>A. Frank Merling</b>	How related to deceased <b>Husband</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Pneumonia</b>	How long <b>2 weeks</b>	
	<b>Exhaustion</b>	How long <b>2 hours</b>	
	Immediate		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Jas L. Quasius</b>	
	<b>No</b>	Address <b>3<sup>rd</sup> South Highlandtown</b>	
Accident or Suicide? <b>No</b>			

J. J. Hervey & Co  
Sacred Heart County

Name  
in  
Full

## CERTIFICATE OF DEATH

Thomas Meagher

Died at <sup>Town</sup> *Int Washington*County *Balt.*

MARYLAND

Date of death *1905*Month *2*Day *10*Age *74*

Years

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Ireland*

Occupation

*Flagman*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Margaret Meagher*Father's  
Name*Unknown*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Ireland*Name of person giving  
Information*Wm. Starr*How related  
to deceased*Grandchild*

## CAUSES OF DEATH

Primary

*Aortic Stenosis*

How long

*One year*

Immediate

*Heart failure*

How long

*2 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Chas. B. Burton*

Address

*Int Washington*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Martin Fahy & Son,  
Gorranstown -



Name  
in  
Full

Lucy May Miller

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> ~~Head Catonsville~~ <sup>Johns Hopkins</sup> ~~Cath Road~~

County

Baltimore

Date

of death | 90 5 7 Feb'y.

Month

Day

15 2

Age

Years

19

Months

10

Days

15

Sex

Female

Color or  
Race

White

Birth-  
place

Warren Co. Va.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Harry O. Miller

Father's  
Name

Silas H. Pomeroy

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Martha A. Lebew

Mother's  
Birthplace

Va.

Name of person giving  
In formation

Mrs Chas O'Connor

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

4 months  
(at place of death)

Immediate

Syncope

Are the name, age, sex, color, date  
and place correctly given above?

Yes

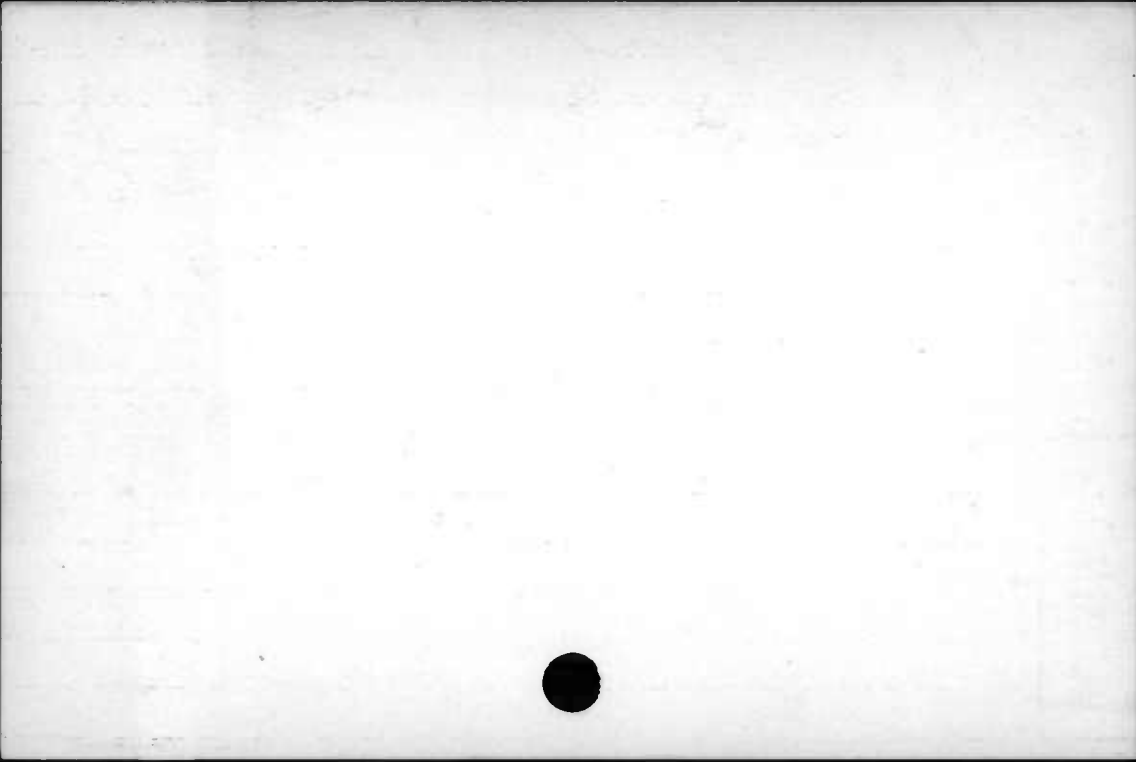
Signature of  
Physician

Address

Leannell Hammonier  
Dickinson, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lee. Andreas Muller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>			<u>Baltimore</u> <sup>County</sup>			MARYLAND					
Date of death <u>1905</u>		<u>Feb.</u> <sup>Month</sup>		<u>7</u> <sup>Day</sup>		<u>2</u> <sup>Years</sup>		<u>4</u> <sup>Months</sup>		<u>—</u> <sup>Days</sup>	
Sex <u>Male</u>			Color or Race <u>White</u>			Birth-place <u>Balto Co Md</u>					
Occupation <u>none</u>						Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>single</u>			Name of Wife or Husband <u>—</u>								
Father's Name <u>John F. Muller</u>			Father's Birthplace <u>Germany</u>			Mother's Maiden Name <u>Ercenia Burger</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Ercenia Muller</u>			How related to deceased <u>Mother</u>								

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Broncho-Pneumonia</u>			How long <u>7 weeks</u>		
Immediate <u>Heart failure</u>			How long <u>3</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>J. H. Hollenberg</u>		
			Address <u>1810 E Baltimore St</u>		
Accident or Suicide? <u>no</u>					

Sacred Heart Cemetery  
Feb. 9<sup>th</sup> 1905

Germanus France

Name  
in  
Full

Margaret Hagle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Catonsville<sup>County</sup> Baltimore

MARYLAND

Date  
of death 1905<sup>Month</sup> Feb<sup>Day</sup> 28

Age

<sup>Years</sup> 53

Months

Days

Sex

Female

Color or  
Race

W.

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Wm. E. Hagle

Father's  
Name

Henry Fussell

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Margaret "

Mother's  
Birthplace

"

Name of person giving  
information

William Hagle

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

3 days

Immediate

" "

How long

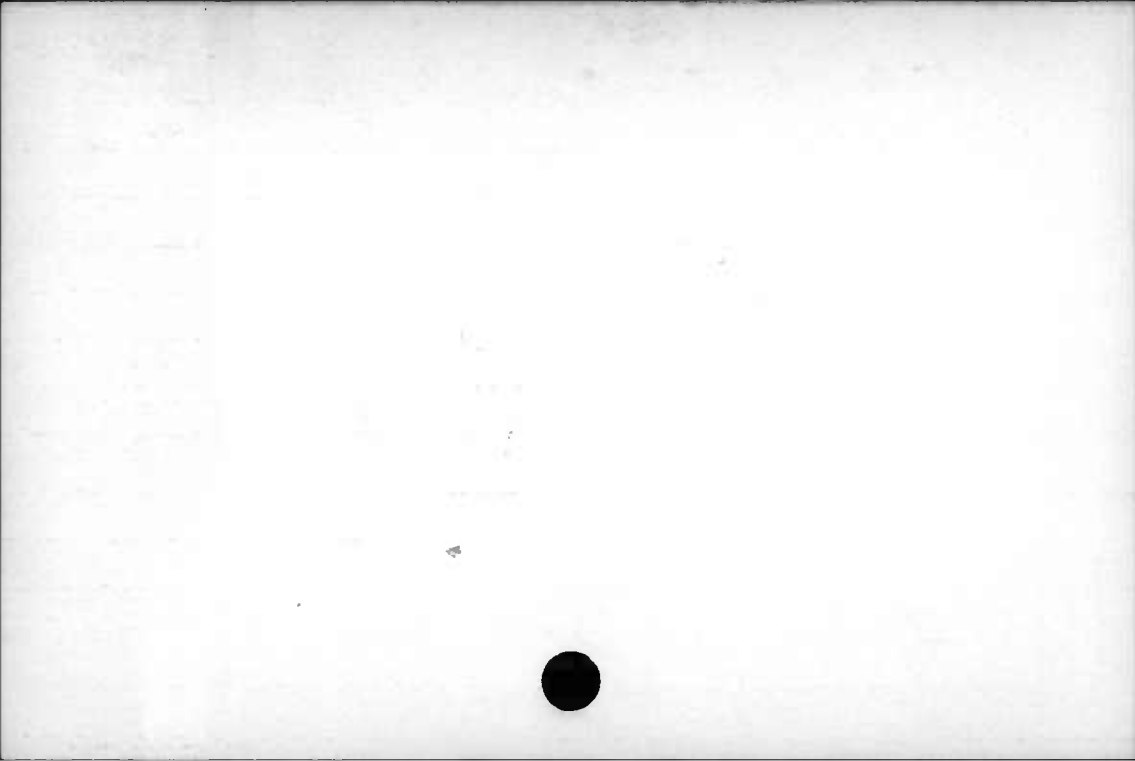
"

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

R. B. Stauffer  
Catonsville  
MdPHYSICIAN  
OR CORONER

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>St. Agnes' Hospital</i> <sup>Town</sup>		County <i>Baltimore</i> <sup>County</sup>	
		Date of death <i>1905 Feb 15</i>		Age <i>22</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Book-keeper</i>		Where Residing if not at place of death <i>1433 Argyle Ave.</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
		Father's Name		Father's Birthplace	
		Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>		How long	
		Immediate <i>Exhaustion</i>		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Mara M.D.</i>	
				Address <i>St. Agnes' Hospital</i>	
		Accident or Suicide?			





Name in Full		Mrs Oldfield				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Mt Hope		Retriah		Baltimore		
		Date of death		1905	Month	2nd	Day	22
		Age		60		Years	Months	Unknown
		Sex		Female		Color or Race	White	
		Birth-place		New York		Days		Unknown
Occupation		None		Where Residing if not at place of death		Norfolk Va		
Married, Single or Widowed		Widow		Name of Wife or Husband		Unknown		
Father's Name		Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name		"		Mother's Birthplace		"		
Name of person giving information		Reids Mt Hope Retriah		How related to deceased		Not at all		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Melancholia -		How long		
		Immediate		Ex - Albuminuria & Uremic Coma		Unknown		
		Are the name, age, sex, color, date and place correctly given above?		Yes		How long		
		Signature of Physician		Frank J. Flannery MD		5 days		
Address		Mt Hope Retriah		Address		Mt Hope - Md.		
Accident or Suicide?								



Name  
in  
Full

Mrs Mary A. O'Neill

## CERTIFICATE OF DEATH

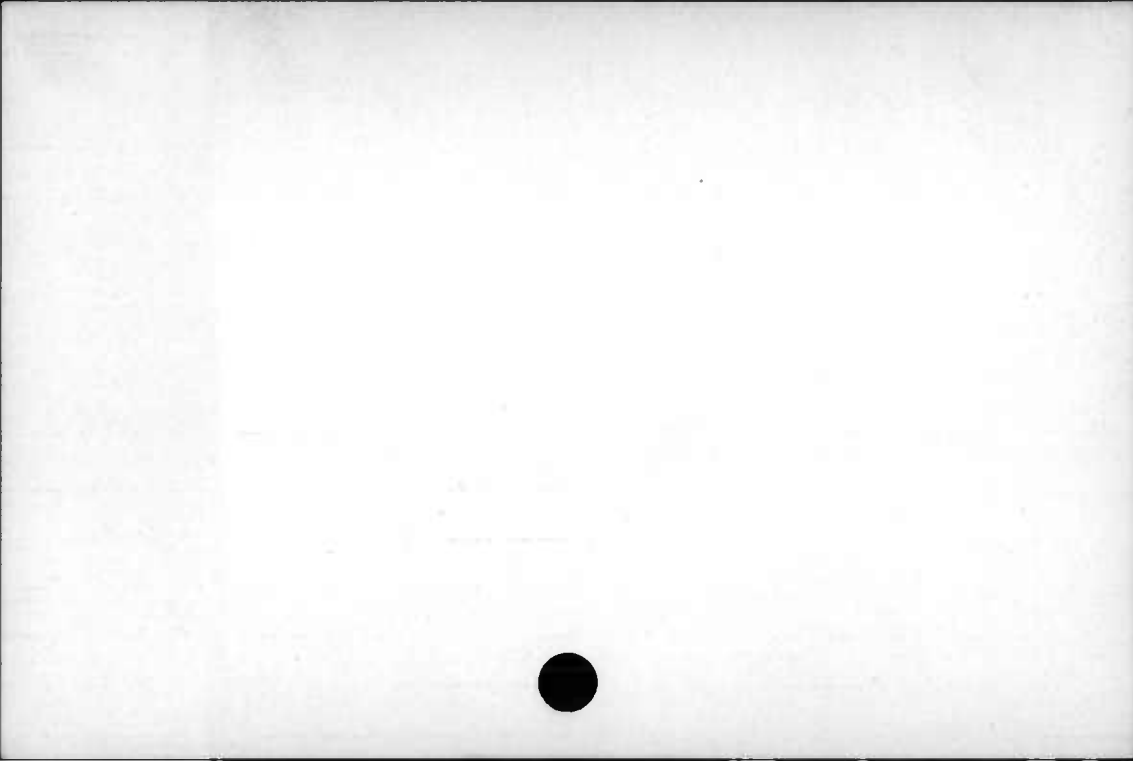
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>28<sup>th</sup></i>	Years <i>61</i>	Age	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Del</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>2716 Hudson St</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>unknown</i>						
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>						
Name of person giving information <i>Reeds of Mt Hope</i>	How related to deceased <i>not at all</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>abt 5 yrs -</i>
Immediate <i>Intestinal Toxemia &amp; Pul Congestion</i>	How long <i>abt one wk -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>For ant J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Baltimore Md -</i>
Accident or Suicide?	



Name in Full		George Albert Pierce				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Washington		County Baltimore		MARYLAND	
	Date of death	1906	Month February	Day 14	Years 32	Months 9	Days 26
	Sex	male		Color or Race	white		
	Birth place	St Louis. Mo					
	Occupation	Soliciting Agent Lead Board Air Line					
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband Emily Carvey Pierce			
Father's Name	John Cabin Pierce				Father's Birthplace	Stratford Vt.	
Mother's Maiden Name	Cecilia S. Myers				Mother's Birthplace	Glasgow Mo.	
Name of person giving Information	Emily M. Pierce				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Grievousness				How long	4 days
	Immediate	Heart failure				How long	10 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	William F. Todd
						Address	Mt Washington Md
	Accident or Suicide?						

Henry W. Jenkins & Sons, Co  
Funeral Directors

Interment at Green Mount Cem"

Thursday Feby 16<sup>th</sup> 1905

Balto Md.

Name  
in  
Full

George W. Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oregon</i>		Town		County		MARYLAND	
Date of death	1905	Month	<i>Feb.</i>	Day	<i>25</i>	Years	<i>56</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Months	<i>8</i>	Days	<i>19</i>
Occupation	<i>Labourer</i>	Birth-place	<i>Butler Md.</i>				
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband					
Father's Name	<i>Henry Powell</i>			Father's Birthplace <i>Butler Md.</i>			
Mother's Maiden Name	<i>Luby</i>			Mother's Birthplace <i>not known</i>			
Name of person giving information	<i>Surgana Powell</i>			How related to deceased <i>daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia (double)</i>	How long	<i>one week</i>
Immediate	<i>Apnea</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Drach</i>	
		Address <i>Butler Md.</i>	
Accident or Suicide?			

To Beta Bariat  
By Enver & Pirin

at Yuna M. Batarn  
Chaple



Name in Full

Certificate of Death

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		James. Reaney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sherrwood</u> Town		<u>Balto</u> County		MARYLAND	
		Date of death <u>1905 Feb</u> Month <u>3</u> Day		Age <u>—</u> Years		Months <u>—</u> Days <u>5</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Sherrwood</u>	
		Occupation <u>—————</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—————</u>			
PHYSICIAN OR CORONER		Father's Name <u>James. Reaney jr</u>				Father's Birthplace <u>Balto</u>	
		Mother's Maiden Name <u>Julia von Rieck</u>				Mother's Birthplace <u>Balto</u>	
		Name of person living in formation <u>James Reaney jr</u>				How related to deceased <u>Father</u>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Hemo. Philia</u>		How long <u>5 days</u>			
		Immediate <u>Hemo. Philia - from uric acid</u>		How long <u>8 hours</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. H. M. Hancock MD</u>			
				Address <u>2200 E. 1st St. Pl</u>			
		Accident or Suicide?					

Geo J. Smith

Lucden Park

Name  
in  
Full

*Agnes Riley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Levas</i>		County <i>Paul</i>		MARYLAND	
Date of death 190	5	Month	2	Day	14	Age	Years 33
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>England</i>
Married, <del>Single</del> <del>or Widowed</del>				Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Michael F. Riley</i>							
Father's Name <i>Patrick Padden</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Shiff</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Michael Riley</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pharyngeal Tuberculosis</i>		How long	<i>1 yr</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>D. F. Bussey</i>	
			Address <i>Levas Md</i>	
Accident or Suicide?				

Funeral at Texas  
Belle Co. Thursday  
Feb 16<sup>th</sup>

Please retain permits  
M. C. B

Name in Full		Edick Rollins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <i>Rolls Road 9th dist</i>		Town <i>Baltimore</i>		County		MARYLAND
	Date of death <i>1905</i>		Month <i>Feb</i>	Day <i>17</i>	Years <i>18</i>	Months <i>4</i>	Days <i>21</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Harford Co</i>		
	Occupation <i>Booth girl</i>		Where Residing if not at place of death <i>Home</i>				
	Married, Single or Widowed		Name of Wife or Husband <i>X</i>				
	Father's Name <i>John Hesley Rollins</i>		Father's Birthplace <i>Harford Co</i>				
	Mother's Maiden Name <i>Sarah Jane Gilbert</i>		Mother's Birthplace <i>Harford Co</i>				
PHYSICIAN OR CORONER	Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>				
	CAUSES OF DEATH						
	Primary <i>Some Chronic trouble</i>		How long <i>13 years complaining for a year</i>				
	Immediate <i>Suddenly</i>		How long <i>one hour</i>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. C. Massenburg</i>		Address <i>Pawson</i>			
Inquest held <i>Feb 19 1905</i>							
Burial place <i>Justice Jos B Herbert</i>							
Accident or Suicide?							

Sam'l Hurley

Harford Co



Name in Full

Certificate of Death

Died at

Date 1906

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Roush  
 Balto. Co. Annapolis, MARYLAND  
 Month 2 Day 9 Y. M. D. Age about 35 years Md.  
 Native of Occupation  
 Dr. J. B. Bussey  
 Texas  
 Md.



Name  
in  
Full

William H Ruby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month <i>February</i>	Day <i>26<sup>th</sup></i>	Age <i>74</i>	Years	Months <i>five</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>				
Occupation <i>Editor</i>			Where Residing if not at place of death <i>Towson</i>				
Married, <del>Single</del> <del>or Widowed</del>			Name of Wife or Husband <i>Anna E Ruby</i>				
Father's Name <i>Joseph Ruby</i>			Father's Birthplace <i>York, Pa.</i>				
Mother's Maiden Name <i>Sarah Barnhart</i>			Mother's Birthplace <i>York, Pa.</i>				
Name of person giving information <i>Mrs. Kate S. Flayhart</i>			How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>several years</i>
Immediate <i>Cardiac Asthma &amp; heart failure</i>	How long <i>several years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. W. Garrett</i>
	Address <i>Towson</i>
	<i>Md.</i>

Accident or Suicide?

Henry W Means. Deductible  
Greenmount Cemetery.

Name  
in  
Full

Mamie P. Sakers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Feb	3	30		4	16
Sex	Female		Color or Race	White		Birth-place	Baltimore Md
Occupation	Milliner			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm C Sakers					Father's Birthplace	Union Gro W
Mother's Maiden Name	Jennie E. Metcalfe					Mother's Birthplace	Indiana
Name of person giving information	Jennie E. Sakers					How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Influenza. Pneumonia.	How long	26 days
Immediate	Heart failure.	How long	one hour.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. J. F. J. F.
yes		Address	111 Washington St Md
Accident or Suicide?			

St Mary P.E. Conn  
Jas B Cook F.D.

Name  
in  
Full

Frederick E. Saumenig

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Woodlawn</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	<sup>Month</sup> <i>Feb</i>	<sup>Day</sup> <i>5</i>	<sup>Years</sup> <i>70</i>	<sup>Months</sup> <i>3</i>	<sup>Days</sup> <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bald Md</i>		
Occupation			Where Residing if not at place of death		
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>Josephine Saumenig</i>			
Father's Name <i>Henry Saumenig</i>		Father's Birthplace <i>Bald Md</i>			
Mother's Maiden Name <i>Sarah Eiblen</i>		Mother's Birthplace <i>Bald Md</i>			
Name of person giving Information <i>Mrs. Josephine Saumenig</i>		How related to deceased <i>wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Fanny Boyd</i>	
		Address <i>692 Baltimore</i>	
Accident or Suicide?			

Burial London Park Cem  
Jos B Cook



Name in Full		John Sauber				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Highester				Baltimore		
	Date of death	1905	Month	2	Day	10	Age
							Years
							Months
							Days
Sex	Male		Color or Race	white		Birth-place	Baltimore Co.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Sauber				Father's Birthplace	Germany	
Mother's Maiden Name	Wesley Meslin				Mother's Birthplace		
Name of person giving information					How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Eclampsia				How long	1/2 hr
	Immediate	Cardiac Paralysis				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. A. Slautz	
					Address	41 Eastern Ave. Edb.	
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wickesville</i> <small>Town</small> <i>T. Balto.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i> <small>Month</small> <i>Feb.</i> <small>Day</small> <i>7.</i> <small>Years</small> <i>76</i>	<i>5</i> <small>Months</small>	<i>13.</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>White.</i>	Birth-place <i>Maryland</i>	
<del>Married, Single</del> <del>Widow</del> <i>Widow.</i>	Occupation <i>None</i>		
Name of Wife or Husband <i>Benjamin Shipley</i>			
Father's Name <i>Thomas Carroll.</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Nellie M. Kenney.</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mrs Laura Peddelford</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberc Inflammation</i> <i>13</i>	How long <i>3 days</i>
Immediate <i>Respiratory Failure</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn Sta.</i>
Accident or Suicide? <i>—</i>	

Bridge Cam  
Gas Book

d 70/11/26

Name  
in  
Full

Still Birth. Nine months gestation

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Balt</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	2	Day	6
Age	Years		Months		Days
Sex	<u>M</u>		Color or Race	<u>W</u>	
Occupation	<u>—</u>		Birth-place	<u>Canton</u>	
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>Charles Smith</u>		
Mother's Maiden Name			<u>Annie Meyer</u>		
Name of person giving information			<u>Charles Smith</u>		
Father's Birthplace			<u>MD</u>		
Mother's Birthplace			<u>MD</u>		
How related to deceased			<u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Died in delivery face presentation</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>David W. Jones</u>
<u>Yes</u>		Address	<u>3116 O'Donnell St</u>
Accident or Suicide?		<u>—</u>	

Trinity Cemetery

H. Sander & Son

So Athey

Hudson St & East Ave

Name  
in  
Full

Evelyn Smith

## CERTIFICATE OF DEATH

Died at Gorans <sup>Town</sup> ~~Town~~

County Baltimore

MARYLAND

Date of death 1905 Feb

Day 20

Age 45

Months 2

Days

Sex Female

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

J. —

Where Residing if not  
at place of death

at Residence

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

Philip Smith

Father's  
Name

—

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Evelyn Bramble

Mother's  
Birthplace

Germany

Name of person giving  
Information

Harold Francis

How related  
to deceased

Son in law

## CAUSES OF DEATH

Primary

Bright Disease

How long

about 1 year

Immediate

Exhaustion from Dropsy

How long

a few weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. H. Duncan

Address

Gorans town md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Wm Lloyd  
undertaker  
for E. J. Matthews  
Julesburg and  
Dolls River

Dr. Treasurer. Clergy  
Sub Registrar



Name  
in  
Full

Catherinus Elizabeth Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mr Washington</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>5</i> - <sup>Month</sup>	<i>16</i> <sup>Day</sup>	Age <i>68</i> <sup>Years</sup>	<i>9</i> - <sup>Months</sup>	<sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Henny Warner</i>					
Father's Name <i>John Steintzberg</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie Hoffmann</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Fred. Warner</i>			How related to deceased <i>son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hepatic cancer</i>	How long <i>40</i>
Immediate <i>Arteriosclerosis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. L. Hudichum</i>
	Address <i>Roland Park, Md.</i>
Accident or Suicide?	

Dr. Thudichum  
302 Woodlawn Rd

Name in Full

Certificate of Death

Harriet A. Sprinkle

Town

County

Died at Hoffmannville

Baltimore

MARYLAND

Date 1905  
 Month Feb Day 11  
 Age 72 Y. 4 M. 24 D.  
 Native of Maryland  
 Occupation Housewife  
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Name

Derr

Cause of Death { Primary Cancer  
 Immediate Sciatica

How long sick

4 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, and maker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

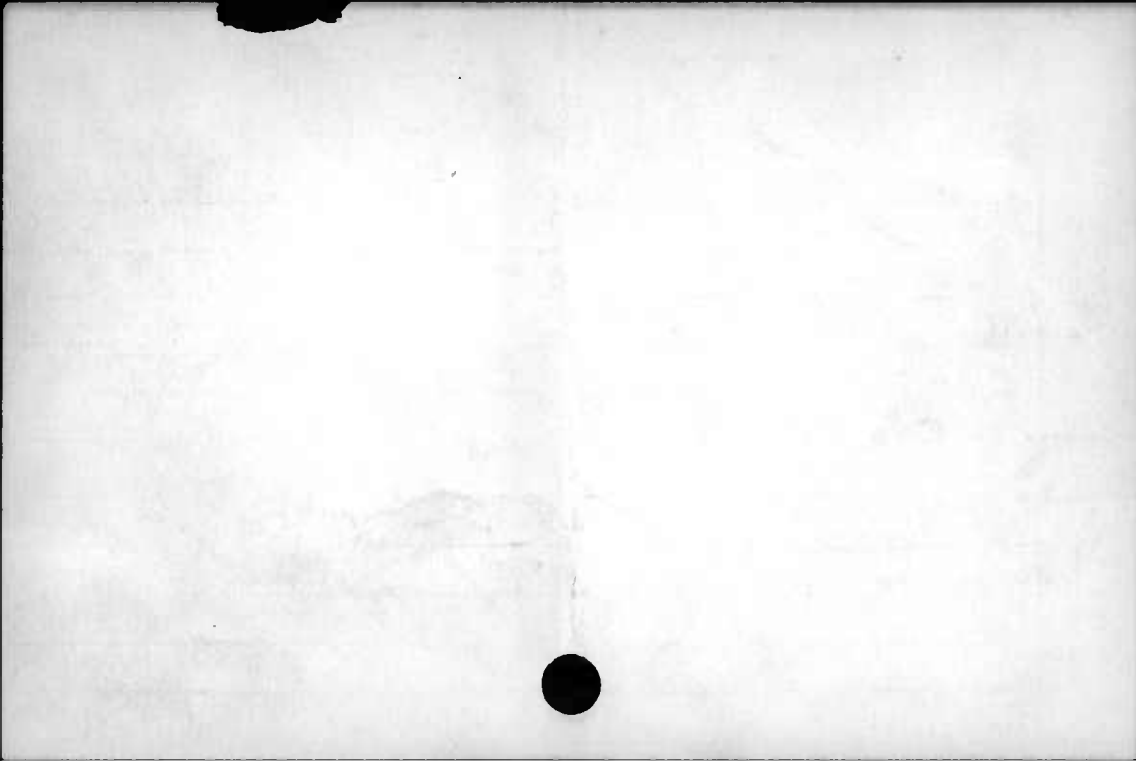
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spumie Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1905	Month	7	Day	11
Sex		Male		Color or Race	White
Occupation		—		Birth-place	Spumie Point
Where Residing if not at place of death		—			
Married, Single or Widowed		Single			
Name of Wife or Husband		—			
Father's Name		<i>Saml. Shumtupgh</i>		Father's Birthplace	<i>Pa</i>
Mother's Maiden Name		<i>F. L. Pierce</i>		Mother's Birthplace	<i>Pa</i>
Name of person giving Information		<i>Saml. Shumtupgh</i>		How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stomach</i>	How long	—
Immediate	<i>Stomach</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. C. Edmond M.D.</i>
		Address	<i>Spumie Point</i>
Accident or Suicide?		—	



Name  
in  
Full

Benjamin Tanner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roland Park</i>		Town <i>Park</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>82</i>	Years	Months <i>3</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Philadelphia Pa</i>				
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>—</i>						
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <i>Mary E Tanner</i>						
Father's Name <i>Benjamin Tanner</i>	Father's Birthplace <i>New York City</i>						
Mother's Maiden Name <i>Mary Bioren</i>	Mother's Birthplace <i>Dutch-Kenn</i>						
Name of person giving Information <i>Mary E Tanner</i>	How related to deceased <i>wife</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>7 days</i>
Immediate <i>Coma &amp; Collapse</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H. Feiderman M.D.</i>
	Address <i>800 1st Ave</i>
Accident or Suicide?	<i>✓</i>

Chas E French

746 N E 10th

Greenwood



Name  
in  
Full

Elizabeth B Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Int. Williams</i>		County <i>Balto</i>		MARYLAND	
Date of death	1905	Month <i>Feb.</i>	Day <i>27.</i>	Age	Years <i>68</i>	Months <i>7</i>	Days <i>29</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Matthew Taylor.</i>			
Father's Name	<i>Isaac Bowen</i>				Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Leswell</i>				Mother's Birthplace	<i>Md.</i>	
Name of person giving Information	<i>Fannie Hooper</i>				How related to deceased	<i>Daughter.</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Acute Fulminant</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. H. Boyd</i>	
		Address	
		<i>202 4th Ave. N. W.</i>	
Accident or Suicide?			

London Park Cmn

Jas B Clark,

Name  
in  
Full

Taylor, Mary

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Heatonville**Putto*Date of death *1905 Feb*

Month

Day

Age *68*

Years

Months

Days

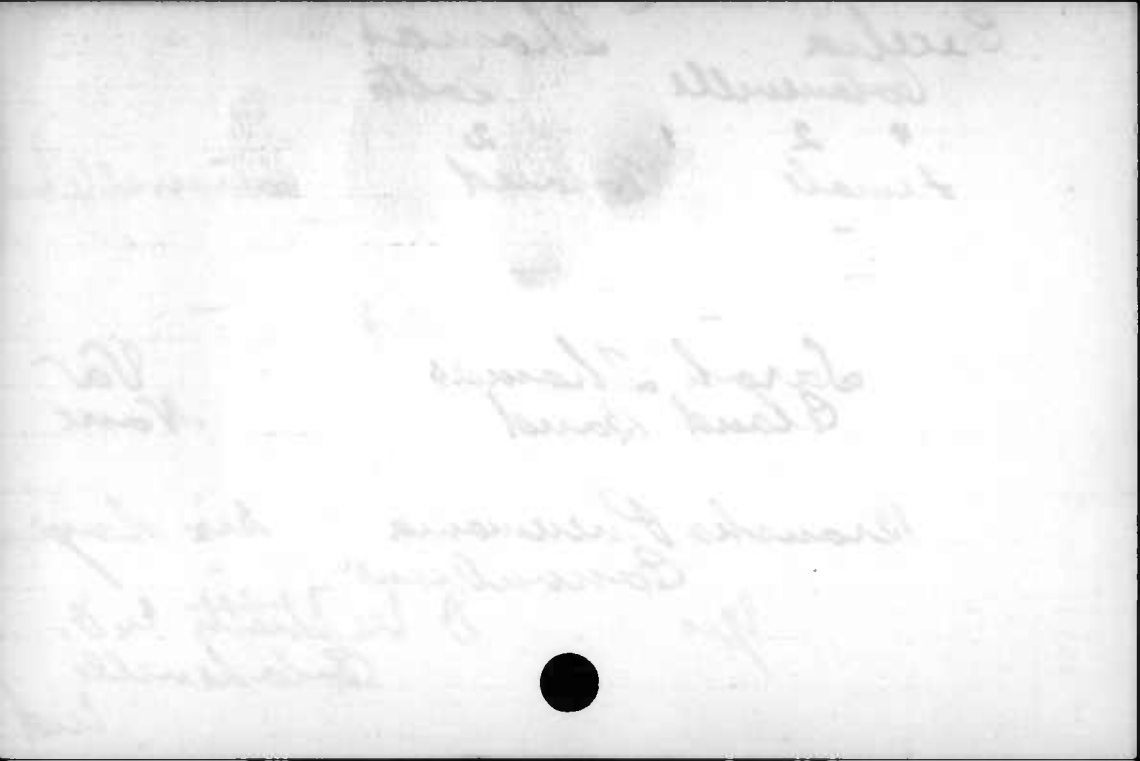
Sex *Female*Color or  
Race*Cold*Birth-  
place*Pa*Occupation *Housewife*Where Residing if not  
at place of death*X*Married, Single  
or Widowed *Married*Name of Wife or  
Husband*X*Father's  
Name *X*Father's  
Birthplace *X*Mother's  
Maiden Name *X*Mother's  
Birthplace *X*Name of person giving  
Information *X*How related  
to deceased *X*

## CAUSES OF DEATH

Primary *Senile Dementia*How long *1 yr*Immediate *Valvular Disease of Heart*How long *2 hours*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician

Address

*Grey Nade  
Heatonville, Md*Accident or Suicide? *No*PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie L. Thumser

## CERTIFICATE OF DEATH

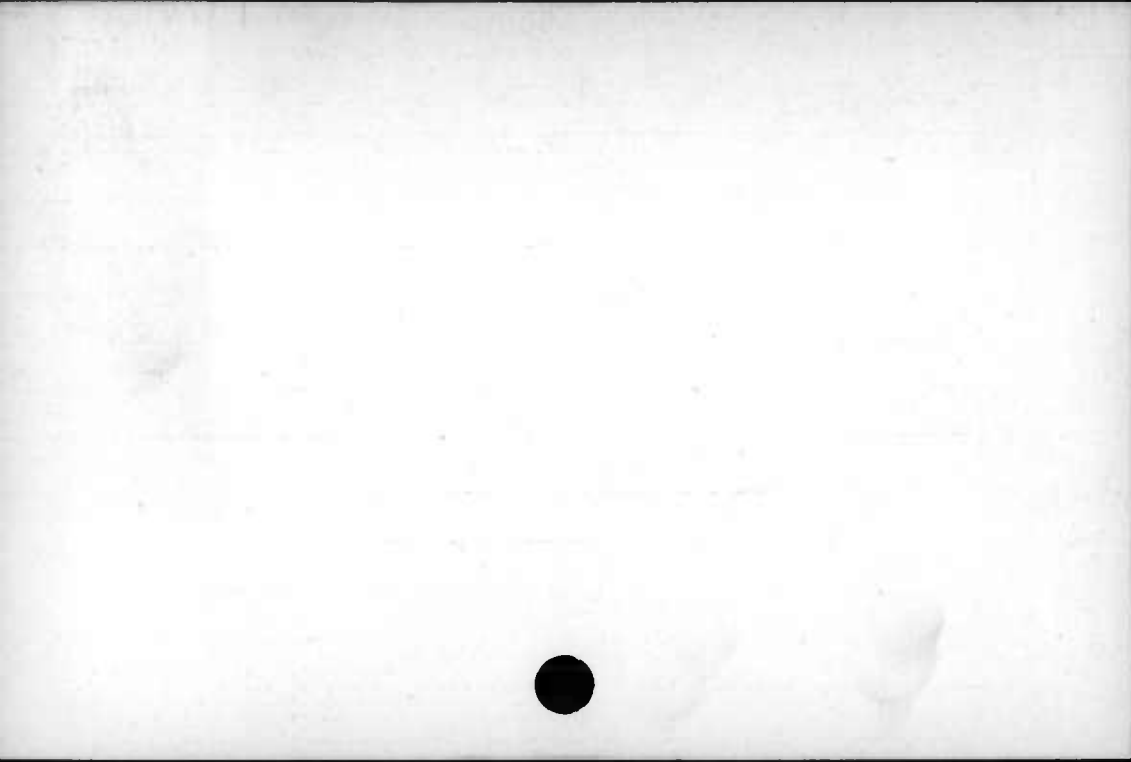
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

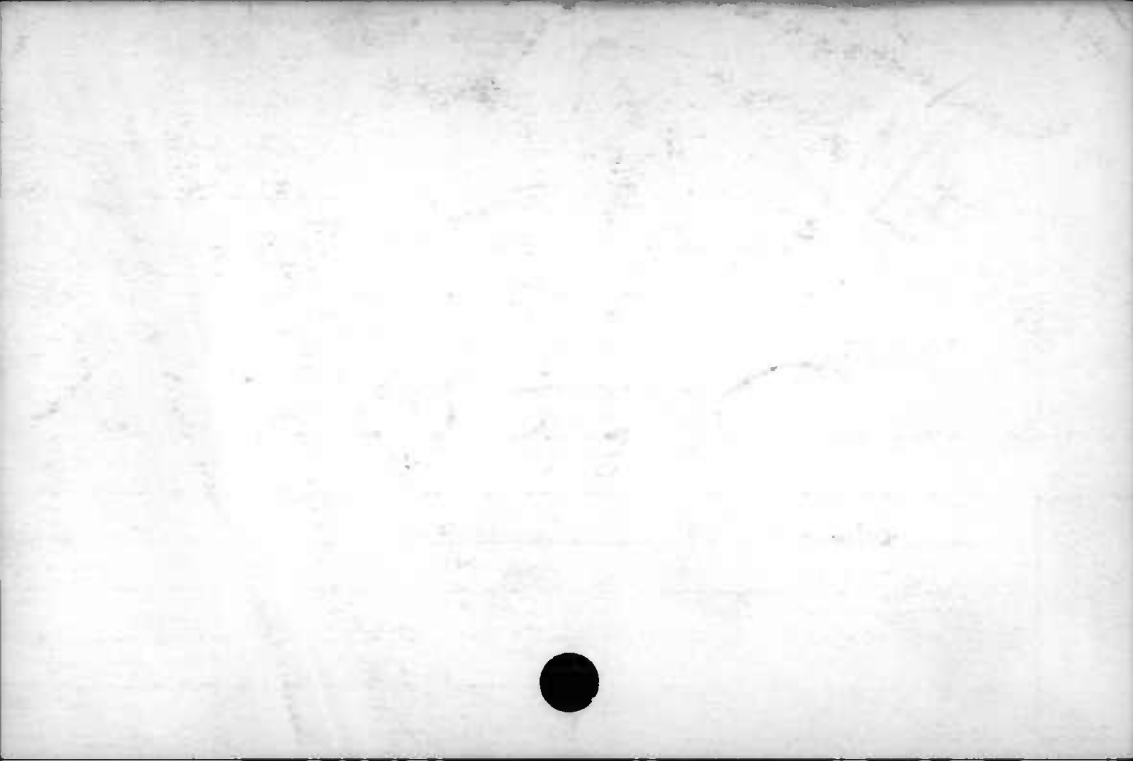
Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> BaltimoreDate of death 1905 <sup>Month</sup> Feb <sup>Day</sup> 24 <sup>Years</sup> Age 56 <sup>Months</sup> unknown <sup>Days</sup> unknownSex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> PaOccupation none <sup>Where Residing if not at place of death</sup> Pittsburgh PaMarried, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name unknown <sup>Father's Birthplace</sup> unknownMother's Maiden Name " <sup>Mother's Birthplace</sup> "Name of person giving information Recds of Mt Hope <sup>How related to deceased</sup> not at all

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Mania Chronic <sup>How long</sup> abt 25 yrsImmediate Cardiac Asthenia Congest. Lung <sup>How long</sup> 4 or 5 daysAre the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> Frank J. Flannery M.D.<sup>Address</sup> Mt Hope RetreatAccident or Suicide? <sup>Address</sup> Mt Hope Md

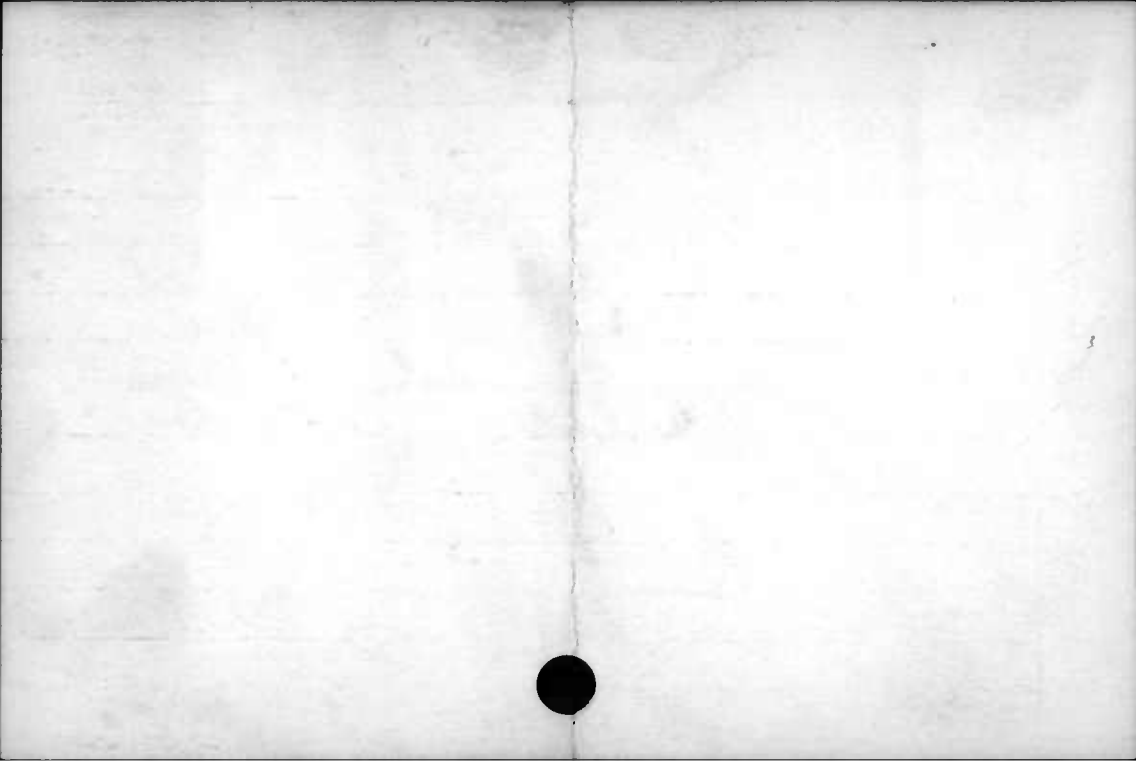


Name in Full		Cecelia Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cotansville</i> <small>Town</small>		<i>Kalto</i> <small>County</small>		MARYLAND	
		Date of death <i>1905</i> <small>Month</small> <i>2</i> <small>Day</small> <i>1</i> <small>Age</small> <i>2</i> <small>Years</small>		<i>2</i> <small>Months</small>		<i></i> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Cotansville Ind</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
PHYSICIAN OR CORONER		Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
		Mother's Maiden Name <i>Sarah Thomas</i>		Mother's Birthplace <i>Ind</i>			
		Name of person giving information <i>Claud Bond</i>		How related to deceased <i>92</i> <i>None</i>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Branchio Pneumonia</i>		How long <i>Six days</i>			
		Immediate <i>Convulsions</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. H. Stultz M.D.</i>			
				Address <i>Cotansville Ind</i>			
		Accident or Suicide? <i>—</i>					





Name in Full <i>Mrs. Lella A Thomas</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Calvinville</i> Town		County <i>Bath</i>
	MARYLAND		
	Date of death <i>1905</i>	Month <i>July</i>	Day <i>8</i>
	Age <i>68</i>		Years <i>68</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>
	Occupation <i>House Keeping</i>		Where Residing if not at place of death <i>Calvinville</i>
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. Lella A Thomas</i>
Father's Name <i>Mr. Hartsen</i>		Father's Birthplace <i>P. Co.</i>	
Mother's Maiden Name <i>Lam &amp; Hartsen</i>		Mother's Birthplace <i>P. Co.</i>	
Name of person giving information <i>John H. Payton</i>		How related to deceased <i>Son in Law</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Cancer</i>		How long
	Immediate <i>Blood Poison</i>		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. R. Essey M.D.</i>
	Address <i>Calvinville, Bath. Co.</i>		
Accident or Suicide?			



Name  
in  
Full

Anna E. Van Lill

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Catonsville<sup>County</sup> Balto.Date  
of death 1905 Feb

Day 16

Age 79

Months

Days

Sex Female

Color or  
Race

White

Birth-  
place

Pennsylvania

Occupation

Where Residing if not  
at place of death

Catonsville

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Steven J. Van Lill

Father's  
Name

Joseph Van Lill

Father's  
Birthplace

Penn

Mother's  
Maiden Name

Catherine Arnold

Mother's  
Birthplace

Penn

Name of person giving  
information

S. J. Van Lill

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Progressive Anemia

How long

2 years

Immediate

Exhaustion

How long

12 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. Whittey

Catonsville

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Bural at Boumii  
Gral  
William Coop

Franklin Co

Name  
in  
Full

Jorge Vernillo

## CERTIFICATE OF DEATH

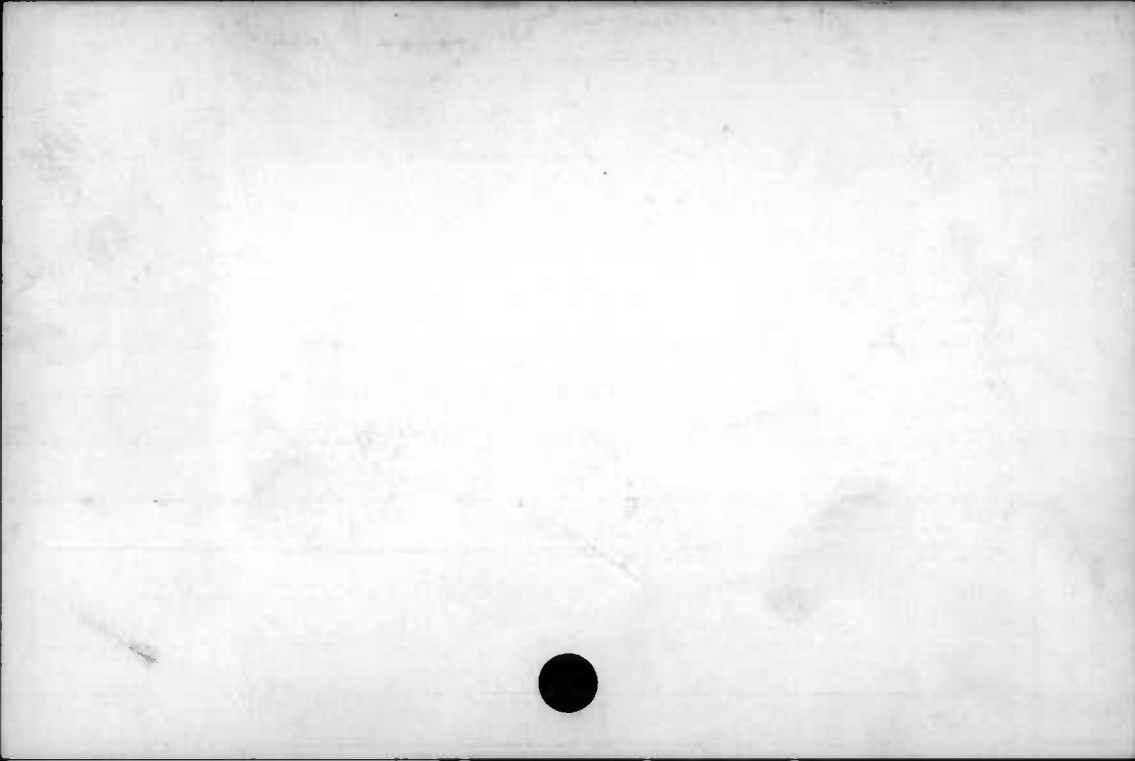
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905	Month Feb.	Day 11.	Age 62.	Years	Months 15	Days 6	
Sex Male	Color or Race White		Birth- place Md.				
Married, <del>Single</del> or Widowed	Married		Occupation Farmer				
Name of Wife or Husband Mary A. Vernillo							
Father's Name J. Vernillo				Father's Birthplace Not known			
Mother's Maiden Name Alice La Grange				Mother's Birthplace Not known			
Name of person giving In formation Mary A. Vernillo				How related to deceased Wife			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright Disease (Septicemia)	How long	Six months
Immediate	Heart failure	How long	20
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. J. H. & Co	
		Address Randallstown	
Accident or Suicide?		No	



Name  
in  
Full

Harry F. Wagner

## CERTIFICATE OF DEATH

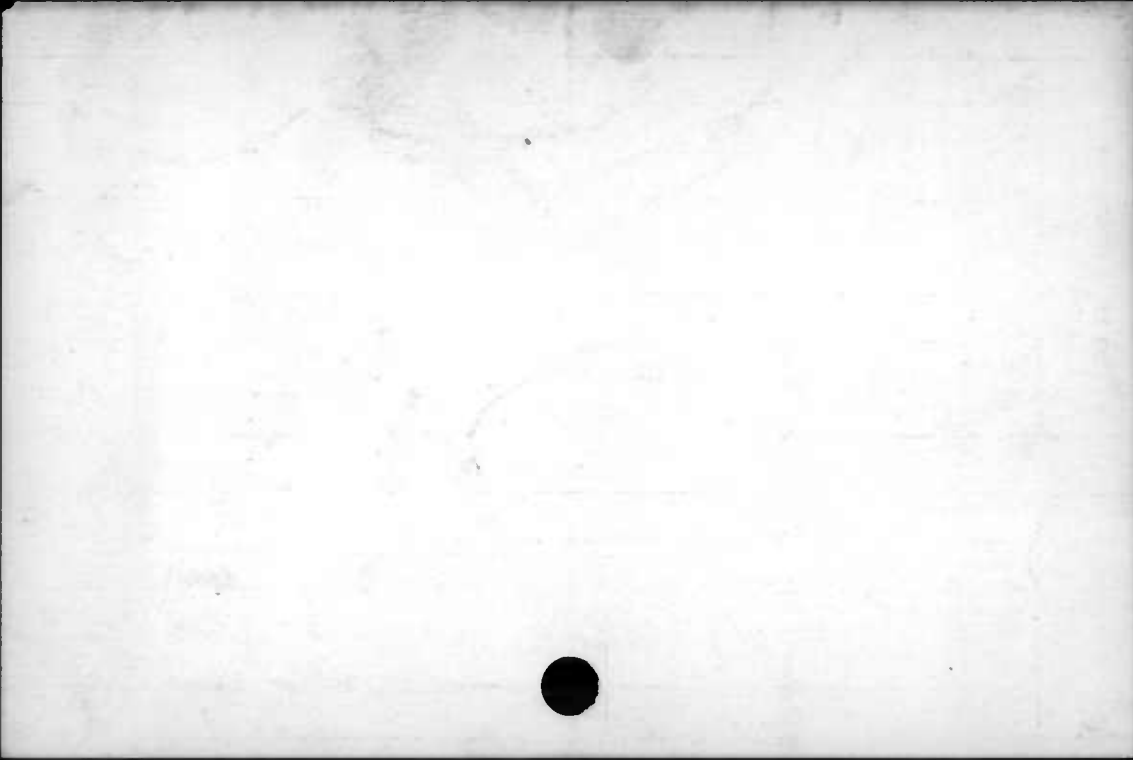
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	Feb.	Day	9
Age	19	Years	10	Months	19
Sex	Male	Color or Race	White	Birth-place	Denn.
Occupation	Labourer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	C. B. Wagner			Father's Birthplace	Denn.
Mother's Maiden Name	Katie Funk			Mother's Birthplace	"
Name of person giving information	C. B. Wagner			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fractured Skull	How long	—
Immediate	Paralysis of the Heart	How long	→
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Coroner John Mueller	
Address		216 O'Donnell st	
Accident or Suicide? <u>2</u>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harriett Wallace</i>		Town <i>Oregon</i>		County <i>Beth.</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905</i>		<i>13</i>		<i>11</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Harrisburg Pa</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Edward Wallace</i>		Mother's Maiden Name <i>Lizzie Smith</i>		Father's Birthplace <i>London PO</i>		Mother's Birthplace <i>Boring PO Wd</i>	
Name of person giving information <i>Ed. Wallace</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i> <i>One week</i>
Immediate <i>Double Pneumonia (Bacterial)</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. D. D. D. D.</i>
	Address <i>Bethesda Md</i>
Accident or Suicide? <i>✓</i>	

To Be Denied  
By Ernest Pick  
at Enby

Name  
in  
Full

Margaret Wallace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rockdale		County Baltimore		MARYLAND	
Date of death		1905	Month 2	Day 2	Age 81	Years	Months Days
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Don't know			
Father's Name	Not known					Father's Birthplace	
Mother's Maiden Name	" "					Mother's Birthplace	
Name of person giving information	Geo. Lorse					How related to deceased	None

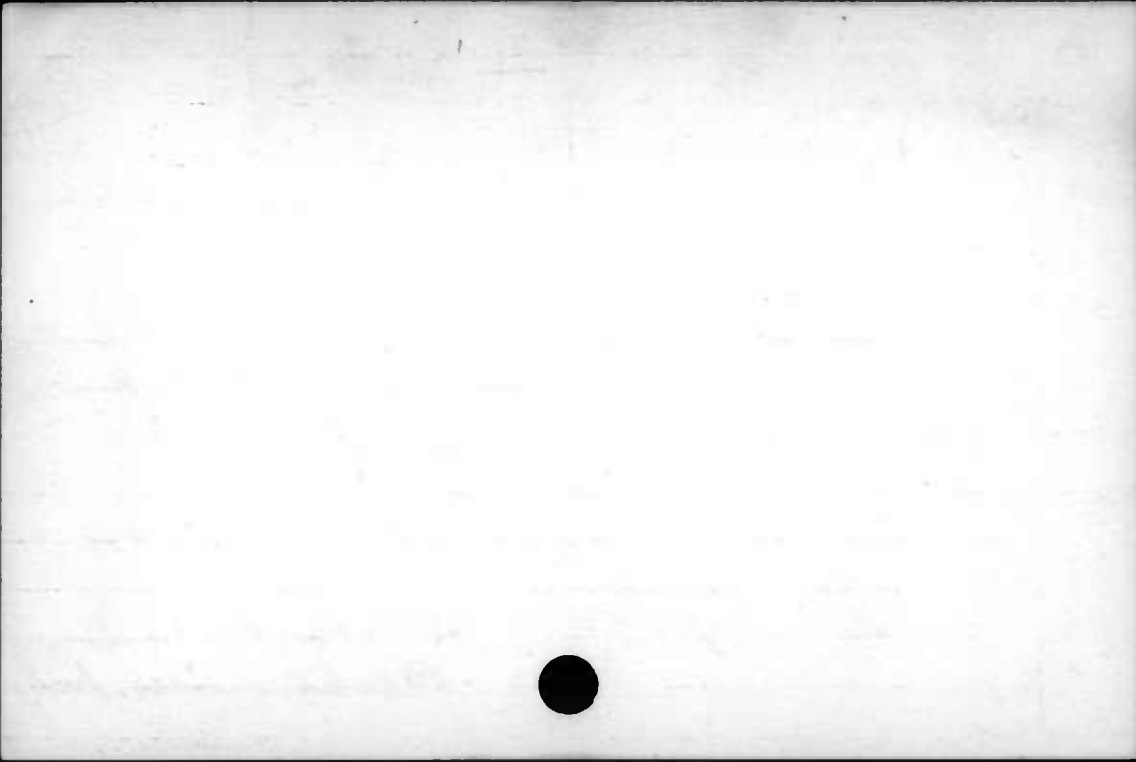
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	6 days
Immediate	Hemorrhage of brain	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. J. Hebb
		Address	Randallstown
Accident or Suicide?			



Name in Full		Walter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> <i>Brownmill</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND		
	Date of death	<i>1905</i>	<sup>Month</sup> <i>Feb.</i>	<sup>Day</sup> <i>4</i>	<sup>Age</sup> <i>Years</i>	<sup>Months</sup>	<sup>Days</sup> <i>1</i>
	Sex	<i>Male</i>		Color or Race	<i>colored</i>		
	Occupation	<i>_____</i>		Birth-place	<i>Md.</i>		
	Where Residing if not at place of death			<i>_____</i>			
	Married, Single or Widowed	<i>_____</i>		Name of Wife or Husband	<i>_____</i>		
	Father's Name	<i>John Walter</i>			Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Maggie Brownmill</i>			Mother's Birthplace	<i>Pa.</i>		
Name of person giving information	<i>John Walter</i>			How related to deceased	<i>Father</i>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	<i>Premature Birth</i>			How long	<i>1 day</i>	
	Immediate	<i>Premature Birth</i>			How long	<i>1 day</i>	
	Are the name, age, sex, color, date and place correctly given above?			<i>yes</i>	Signature of Physician	<i>W. Millard Stirling</i>	
				Address	<i>Shaver, Md.</i>		
	Accident or Suicide?			<i>_____</i>			



Name  
in  
Full

John Willton Warner

## CERTIFICATE OF DEATH

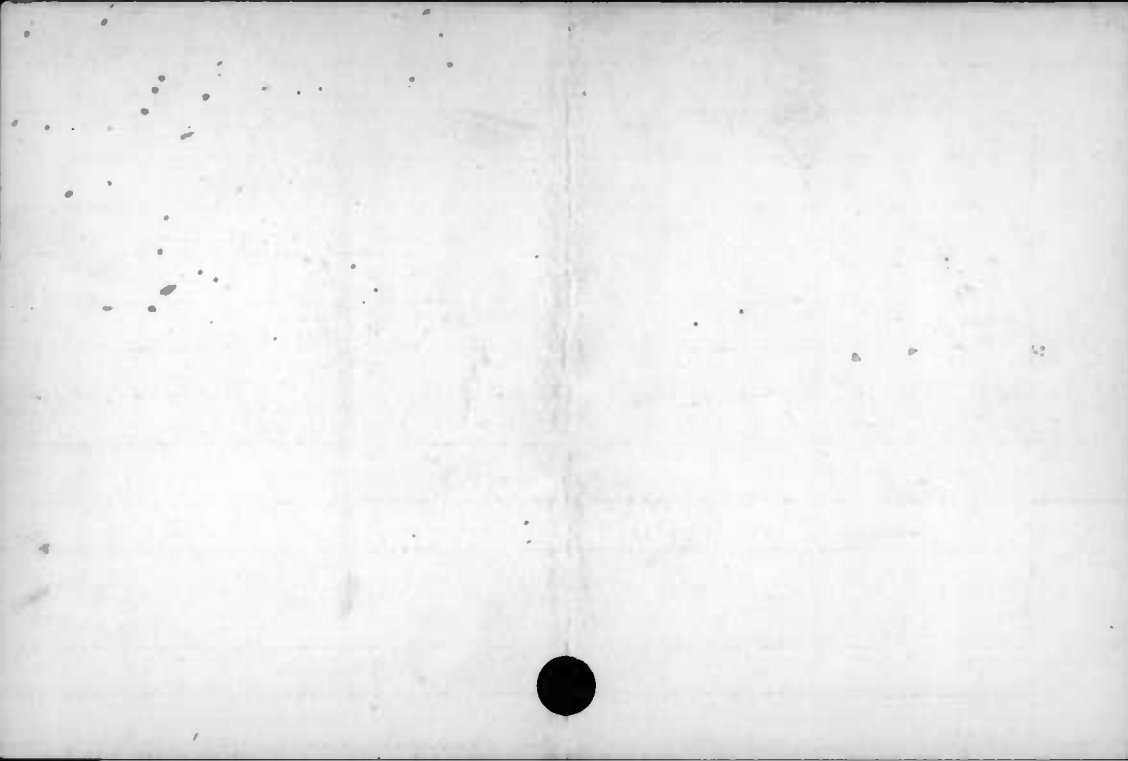
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Black Rock</i>		Town <i>Black Rock</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>1</i>	Month <i>2</i>	Day <i>26</i>	Age	Years	Months <i>1</i>	Days <i>2</i>	
Sex <i>male</i>		Color or Race <i>or light</i>		Birth-place <i>Black Rock, Md.</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Chas. E. Warner</i>				Father's Birthplace <i>Balto City</i>			
Mother's Maiden Name <i>Martha Wilhelm</i>				Mother's Birthplace <i>Black Rock, Md.</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>congestion of lungs</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Rush by D</i>	
		Address <i>Black Rock, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Nicholas W. Watkins

## CERTIFICATE OF DEATH

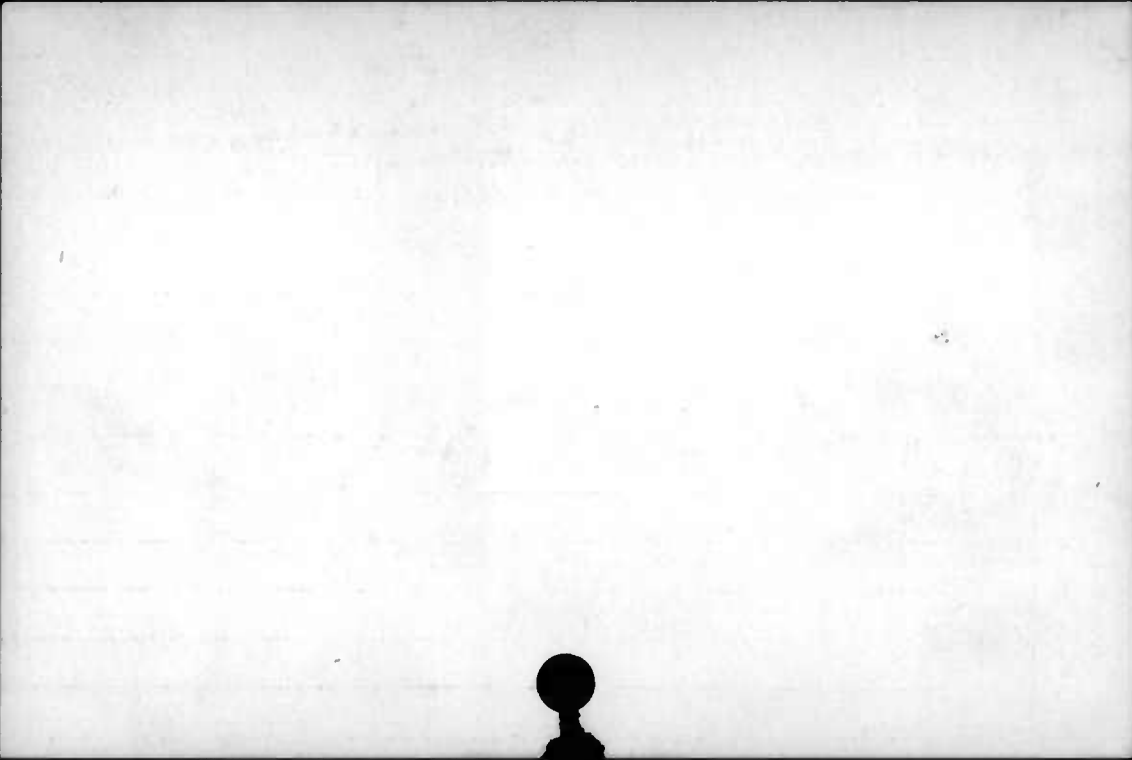
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pikesville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>2</i>	Day <i>7</i>	Age <i>62</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>Lawyer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Nesley Watkins</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>W. W. Matthews</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease. Failure of heart.</i>	How long <i>several years</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. E. M. M.</i>
	Address <i>Pikesville Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Martha Watts

CERTIFICATE OF DEATH

Died at <i>near Granite</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>5</i>	Month <i>Feb</i>	Day <i>8</i>	Age <i>58</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>St Mary's Co</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>House wife</i>				
Name of Wife or Husband <i>James Henry Watts</i>					
Father's Name <i>Charles Young</i>			Father's Birthplace <i>St Mary's Co</i>		
Mother's Maiden Name <i>May A. Corbridge</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>J. H. Watts</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary <i>Heart affection</i>	How long <i>Don't know</i>
Immediate <i>Heart failure</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Offutt</i>
	Address <i>Granite Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Louisa Wrenthall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

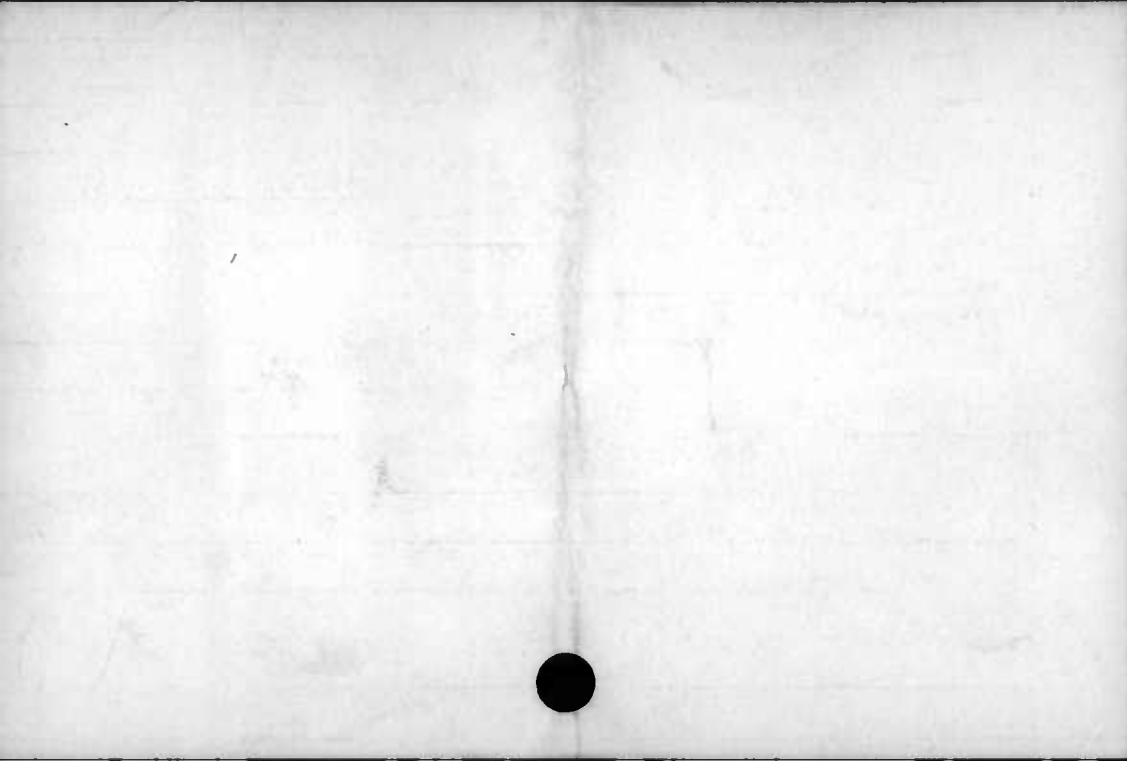
MARYLAND

Died at		Town <i>Hopland</i>		County <i>Balto</i>			
Date of death		Month <i>1905</i>	Day <i>2nd</i>	Age	Years <i>39.</i>	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>			Birth-place	<i>Balto City</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>—</i>			
Married, <del>Single</del> or Widowed				Name of Wife or Husband <i>Frederick Wrenthall</i>			
Father's Name	<i>Herman Heems</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>—</i>					Mother's Birthplace	
Name of person giving information	<i>Frederick Wrenthall</i>					How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Miscarriage</i>	How long	<i>3mo</i>
Immediate	<i>Septicaemia</i>	How long	<i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. C. Schofield</i>	
		Address	
		<i>100 First St.</i>	
Accident or Suicide?			



Name  
in  
Full

William T. Miller.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Granite		Baltimore		Baltimore	
Date of death	1900	Month	July	Day	2
Age	68	Years	2	Months	5
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Merchant	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Married		Fidelmina Burman			
Father's Name	Joseph M. Miller	Father's Birthplace	Maryland		
Mother's Maiden Name	S. M. Riepschneider	Mother's Birthplace	Maryland		
Name of person giving information	Wm. J. Miller	How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal Apathy	How long	Three years
Immediate	Cardiac Edema Exhaust	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm. H. Ward, M.D.	
		Address	
		Harrisonville	
Accident or Suicide?		No	





Name  
in  
Full

Edward K Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Baltimore		MARYLAND	
Date of death 1905	Month Feb	Day 2nd	Age 3 2 Years Months Days
Sex Male	Race White	Birthplace Baltimore Md	
Occupation Agent	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Unknown		
Father's Name	Unknown		Father's Birthplace "
Mother's Maiden Name	"		Mother's Birthplace "
Name of person giving information	Reeds Mt Hope		How related to deceased at 1st all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Mania	How long	4 wks
Immediate	Cerebral Hyperaemia	How long	3 or 6 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Frank J. Flannery	
		Address Mt Hope Retreat Sub Keystraw	
Accident or Suicide?			



Name  
in  
Full

Infant whitmore

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> woodens burgCounty <sup>County</sup> Batts co

Date of death 1905 Feb 25

Age <sup>Years</sup> 2

Months

Days

Sex Female

Color or Race white

Birth-place Batts co Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Walter whitmore

Father's Birthplace Carroll co Md

Mother's Maiden Name Martha Thompson

Mother's Birthplace Montgomery co

Name of person giving information Walter whitmore

How related to deceased Father

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Elmer Garfield Wilhelm				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Freeland P.O.		Baltimore		MARYLAND
	Date of death 1903	Month Febry.	Day 24	Age	Years 25	Months 3	Days 16
	Sex Male		Color or Race White		Birth- place Maryland.		
	Married, Single or Widowed Single			Occupation Clerk.			
	Name of Wife or Husband						
	Father's Name Eli. F. Wilhelm				Father's Birthplace Maryland.		
	Mother's Maiden Name Elizabeth Lowe				Mother's Birthplace Maryland		
Name of person giving In formation Elizabeth Wilhelm				How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Valvular Disease of Heart				How long 3 yrs.		
	Immediate Valvular Disease of Heart				How long Immediate		
	Are the name, age, sex, color, date and place correctly given above? Yes.			Signature of Physician Joseph S. Baldwin			
	Accident or Suicide?			Address Freeland, R. F. D. #1 Baltimore Co.			



Name in Full *William W. Wilson*

162  
CERTIFICATE OF DEATH

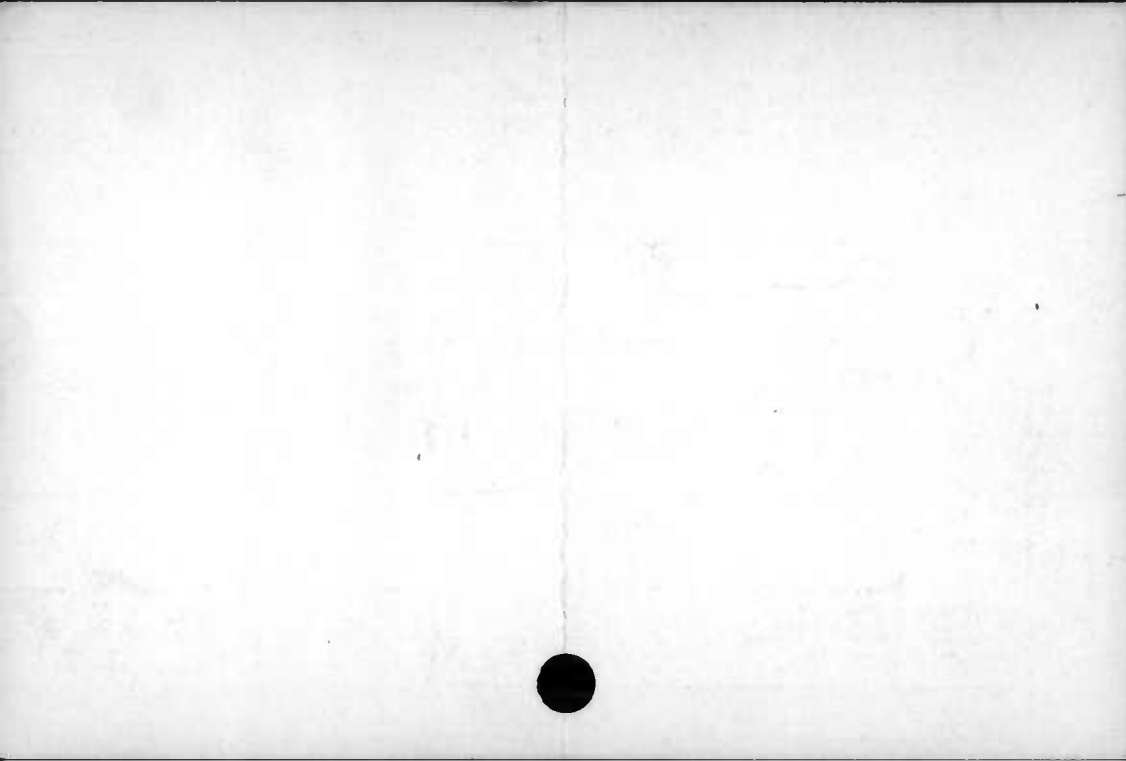
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Green Arm</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1905	Month	<i>Feb.</i>	Day	<i>2</i>
Age		<i>76</i>		Months	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Dentist</i>		Birth-place	<i>Balto. Co. Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Lillie Reese, deceased</i>	
Father's Name	<i>Benjamin Wilson</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Sarah Goodwin</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Label Wilson</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchial disease</i>	How long	<i>Two years</i>
Immediate	<i>Nervous debility</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>J. J. Sesser</i>	
		Address <i>Hittings Md.</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

Catherine Yeakel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ms Hope Retreat</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>Feb</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	<i>Age abt 81</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reeds Mt Hope Retreat</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>abt 5 years</i>
Immediate <i>Paralysis R. H. - exhaustion</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Filanney M.D.</i>
	Address <i>Ms Hope Retreat - Sub Registrar.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Granite</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Feb.</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>31</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alfred Young</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>Not known</i>	Name of person giving information <i>Chas. Hall</i>		How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Acute Nephritis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. L. Buppert</i>
	Address <i>Roslyn Ind.</i>
Accident or Suicide?	

